


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90201 035 \*\*\*\*61.25

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<b>DOCUMENT # 755650</b>			
1. Entity Name POLYNESIAN VACATION VILLAS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2096 ESTERO BLVD. FORT MYERS, FL 33931 US		Mailing Address 6314 WHISKEY CREEK DR. SUITE B FORT MYERS, FL 33919	
2. Principal Place of Business - No P.O. Box # <i>14360 So Tamiami Trail</i>		3. Mailing Address <i>14360 Tamiami Trail</i>	
Suite, Apt. #, etc. <i>UNIT B</i>		Suite, Apt. #, etc. <i>UNIT B</i>	
City & State <i>FORT MYERS FL</i>		City & State <i>FORT MYERS FL</i>	
Zip <i>33912</i>	Country <i>LEE</i>	Zip <i>33912</i>	Country <i>LEE</i>
4. FEI Number 59-2068003		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LOFFRENO, CHRIS 2100 ESTERO BLVD. FORT MYERS BEACH, FL 33931		Name P & M Property Management 14360 So. Tamiami Trail, Unit B Fort Myers, Florida 33912 City Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Paul J. Sepp</i>		DATE <i>4-23-07</i>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOFFRENO, CHRISTIAN 2100 ESTERO BLVD. FORT MYERS BEACH, FL 33931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STONESTREET, PAULA 3210 NORTHSIDE BLVD. SOUTH BEND, IN 46615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MURRAY, JACKIE P.O. BOX 1097 CARMEL, IN 46082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Paul J. Sepp</i>		DATE: <i>4/18/07</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	