

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 14, 2009  
Secretary of State**

DOCUMENT# 755650

Entity Name: POLYNESIAN VACATION VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

14360 S. TAMIAMI TRAIL  
UNIT B  
FORT MYERS, FL 33912 US

**New Principal Place of Business:**

**Current Mailing Address:**

14360 S. TAMIAMI TRAIL  
UNIT B  
FORT MYERS, FL 33912 US

**New Mailing Address:**

FEI Number: 59-2068003      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

P & M PROPERTY MANAGEMENT  
14360 SO. TAMIAMI TRAIL  
UNIT B  
FORT MYERS, FL 33912 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LOFFRENO, CHRISTIAN  
Address: 2100 ESTERO BLVD.  
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: ST ( ) Delete  
Name: GRATTAN, PETER  
Address: 2096 ESTERO BLVD STE 5  
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: D (X) Delete  
Name: ROSS, SCOTT  
Address: 373 CUDDY CRT  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL SAPP

Electronic Signature of Signing Officer or Director

REG

04/14/2009

\_\_\_\_\_ Date