

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769932

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: POLYNESIAN VILLAGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

16621 W HIGHWAY 98  
PANAMA CITY BEACH, FL 32413

**New Principal Place of Business:**

**Current Mailing Address:**

16621 FRONT BEACH ROAD  
PANAMA CITY BEACH, FL 32413 US

**New Mailing Address:**

FEI Number: 59-2380787      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BROFFORD, RON  
16621 FRONT BEACH ROAD  
PANAMA CITY BEACH, FL 32413 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: P ( ) Delete  
Name: BROFFORD, RON  
Address: 2641 REY-N.A. RD  
City-St-Zip: BLACKLICK, OH 43004

Title: V ( ) Delete  
Name: HOPE, CAROL  
Address: 217 SAND CREEK RD  
City-St-Zip: ENTERPRISE, AL 36330

Title: S ( ) Delete  
Name: MILLER, JUANETTA  
Address: 700 HARBOR QUAY  
City-St-Zip: CHESAPEAKE, VA 23320

Title: D ( ) Delete  
Name: LANIER, ANN  
Address: 3273 GREENHILL RD  
City-St-Zip: VILLARICA, GA 30180

Title: D ( ) Delete  
Name: DEATON, GARY  
Address: 27 PLANTATION RD  
City-St-Zip: JACKSON, TN 38305

Title: D ( ) Delete  
Name: HICKS, PATRICIA  
Address: 285 FAIRWAY BV  
City-St-Zip: COLUMBUS, OH 43213

**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:

Title: T (X) Change ( ) Addition  
Name: LANIER, ANN  
Address: 3273 GREENHILL RD  
City-St-Zip: VILLARICA, GA 30180

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: CHARLIE ALLEN

CAM

01/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date