

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

8/5/2005-90001-004-\$61.25-\$61.25

DOCUMENT # N03000009886 1. Entity Name POLYNESIAN CULTURE ASSOCIATION, INC	
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Principal Place of Business 4491 NW 19 AVE OAKLAND PARK, FL 33309	Mailing Address 4491 NW 19 AVE OAKLAND PARK, FL 33309
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DO NOT WRITE IN THIS SPACE



06302005 No Chg-NP CR2E037 (10/03)

4. FEI Number 75-3134509	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LEAO, TAMA S
4491 NW 19 AVE
OAKLAND PARK, FL 33309**

**DO NOT WRITE
IN THIS SPACE**

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: *Tama S Liao* DATE: *8/2/05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEAO, TAMA S 4491 NW 19 AVE OAKLAND PARK, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEAO, TAMA S JR 4491 NW 19 AVE OAKLAND PARK, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEAO, LUISA K 4491 NW 19 AVE OAKLAND PARK, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEL ROSARIO, ROSE MARIE 4942 TRADEWINDS TERRACE DANIA BEACH, FL 33312 (BOARD CHAIRMAN)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Tama S Liao* DATE: *9/8/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR