

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

FILED
Jul 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000009886

1. Entity Name
POLYNESIAN CULTURE ASSOCIATION, INC



Principal Place of Business
**4491 NW 19 AVE
OAKLAND PARK, FL 33309**

Mailing Address
**4491 NW 19 AVE
OAKLAND PARK, FL 33309**



07062007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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 **TAMA S. LIAO**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7-6-07

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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
**BC
DEL ROSARIO, ROSE MARIE
4942 TRADEWINDS TERRACE
DANIA BEACH, FL 33312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000768161
07/11/07-80004-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Tama S. Liao **TAMA S. LIAO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #