

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010916

FILED  
Jan 30, 2012  
Secretary of State

**Entity Name:** POLYNESIAN AT ISLANDS AT DORAL NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

3934 S.W. 8TH STREET  
SUITE 303  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

3934 S.W. 8TH STREET  
SUITE 303  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

3934 S.W. 8TH STREET  
SUITE 303  
CORAL GABLES, FL 33134

**New Mailing Address:**

3934 S.W. 8TH STREET  
SUITE 303  
CORAL GABLES, FL 33134 US

**FEI Number:** 30-0311177

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SALOMON, KANNER, DAMIAN & RODRIGUEZ, P.A.  
C/O VINCENT E. DAMIAN, JR., ESQ.  
80 S.W. EIGHTH STREET SUITE 2550  
MIAMI, FL 33130 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  
Name: WOODWARD, DAVE  
Address: 11200 NW 74 TERRACE  
City-St-Zip: DORAL, FL 33178 US

Title: VPD  
Name: MELGAREJO, MONICA  
Address: 7501 NW 112 PATH  
City-St-Zip: DORAL, FL 33178 US

Title: SD  
Name: SARMIENTO, MONICA  
Address: 7502 NW 112 PATH  
City-St-Zip: DORAL, FL 33178 US

Title: TD  
Name: RINCON, ROBERTO  
Address: 11201 NW 74 TERRACE  
City-St-Zip: DORAL, FL 33178 US

Title: D  
Name: SALAS, JOSE  
Address: 11224 NW 74 TERRACE  
City-St-Zip: DORAL, FL 33178 US

Title: D  
Name: AVILA, RICARDO  
Address: 11259 NW 75 LANE  
City-St-Zip: DORAL, FL 33178

I hereby 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 all other like empowered.

SIGNATURE: DAVE WOODWARD

PD

01/30/2012

Electronic Signature of Signing Officer or Director

Date