

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90112 041 \*\*\*\*61.25

**DOCUMENT # N04828**

1. Entity Name

**POLYNESIAN ISLES HOMEOWNERS INC.**



Principal Place of Business

**1511 STRAFORD  
P.O. BOX 6114  
GULF BREEZE FL 32561  
US**

Mailing Address

**P.O. BOX 6114  
GULF BREEZE FL 32561  
US**

2. Principal Place of Business

3. Mailing Address



1st MOORE CR2E037 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NO-T APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RESMONDO, DOUG  
1519 STANFORD  
GULF BREEZE FL 32563**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLATT, DEAN 1609 GUAM LANE GULF BREEZE FL 32561 <input checked="" type="checkbox"/> Delete (No change)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COMBEE, SHANON 1608 LUZON LANE GULF BREEZE FL 32561 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRONG, SCOTT 2989 CORAL STRIP PKWY GULF BREEZE FL 32563 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRIGGS, BARBARA 1628 LAHAINA CT GULF BREEZE FL 32563 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLMAN, NELSON 3044 CORAL STRIP PKWY GULF BREEZE FL 32563 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, FRANK 1647 LAHAINA COURT GULF BREEZE FL 32563 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, D SPARKS, GEORGE 1609 GUAM LANE GULF BREEZE, FL 32563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P., D RESMONDO, DOUG 1519 STANFORD RD. GULF BREEZE, FL 32563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY, D MACCRARY, GLENN 1608 BALI HAI COURT GULF BREEZE, FL 32561 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER, D PATTERSON, LINDA 3005 CORAL STRIP PARKWAY GULF BREEZE, FL 32563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, JOHN 2947 CORAL STRIP PARKWAY GULF BREEZE, FL 32563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	     <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

*Linda H. Patterson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-05

850-916-0137

Date

Daytime Phone #