2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 29, 2008 8:00 am Secretary of State

DOCUMENT # N04828 1. Entity Name POLYNESIAN ISLES HOMEOWNERS INC.					05-29-2008 90190 031 ****61.25				
Principal Place of Business Mailing Address 1519 STRATFORD P.O. BOX 6114 P.O. BOX 6114 GULF BREEZE, FL 32561 US					1 (Sārtiā) āti ā	1871: 218 21 (8178 1188) I	DI 8:51: 9:01: 8:8: 212: 1	(B() &) P:	1181 BJ 2829
Principal Place of Business - No P.O. Box # 3, Mailing Address									
\$ 3075 CORAL STRIPPLY POBOX 6114 Suite, Apt. #, etc. Suite, Apt. #, etc.					1 (882)(8) 8)	irii ribri (elia 1186) ii	RII ATSTI BIBIT ATSTI KIKN I	FW10 MIRI	RIM) AC IMBI
•		Suite, Apt. #, etc.			04302008 4. FEI Number	Chg-NP	CR2E037 (12	(06)	
City & State BULF Breeze F. Gru		City & State	City & State			PLICABLE		- + -	plied For t Applicable
Zip	Country	Zip "	Country		5. Certificate of	of Status Desired	\$8.7	5 Add	litional
32563	6. Name and Address of Current R	32563 legistered Agent	USA		7. Name and	Address of New	Fee R	equirec	3
Name _					SKOB L	ENRY D	<u> </u>		
1519 STRATFORD (DELETE) Street Address (I				O. Box Number	is Not Acceptab	ole)			
GULF BREEZE, FL 32563				OF CORAL STRIP PARKWAY					
Cil GULF BY					•	- 1 		Code	7,23
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.									
CIONAZIOS A (()) Family (C)									
SIGNATURE Signature, typed or printed name of (egistered agent and tittle, agtiscable. (NOTE: Registered Agent signature required when reinstating) DATE									
	Signature, typed or printed name of (egistered agent ar	nd title applicable. (NOTE:	Registered Agent signal	ture recuired v	when reinstating)		DATE		
	<u> </u>							ble to	
	Signature, typed or printed name of (cylstered agent at Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees		DATE Make check paya orida Department		
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRI	9. Election Camp Trust Fund Co	paign Financing ontribution.		\$5.00 May Be Added to Fees	Flo	Make check paya orida Department ERS AND DIRECTO	of St	ate
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08 850 93 4 9 4 0 6