


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-29-2008 90190 031 ****61.25

DOCUMENT # N04828 1. Entity Name POLYNESIAN ISLES HOMEOWNERS INC.					
Principal Place of Business 1519 STRATFORD 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 - No P.O. Box # 3075 CORAL STRIP PARKWAY		3. Mailing Address P.O. BOX 6114			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State GULF BREEZE FL		City & State GULF BREEZE, FL		4. FEI Number NOT APPLICABLE	
Zip 32563		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32563		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RESMONDO, DOUG 1610 STRATFORD (DELETE) GULF BREEZE, FL 32563			7. Name and Address of New Registered Agent Name FABERSKOG, HENRY D Street Address (P.O. Box Number is Not Acceptable) 3075 CORAL STRIP PARKWAY City GULF BREEZE FL Zip Code 32563		
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title, if applicable.</small>				DATE 4/30/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPARKS, GEORGE 1609 LLANI GULF BREEZE, FL 32563	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FABERSKOG, HENRY D GULF BREEZE FL 32563	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D PLATT, DEAN 1609 GUAM LANE GULF BREEZE, FL 32563	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D CRISTEA, BILL 2973 CORAL STRIP PARKWAY GULF BREEZE, FL 32563	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATTERSON, LINDA 3005 CORAL STRIP PARKWAY GULF BREEZE, FL 32563	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBSON, SR; J. RICHARD 3009 CORAL STRIP PARKWAY GULF BREEZE, FL 32563	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOGAN, STEVE 1621 COLLEGE PARKWAY GULF BREEZE, FL 32563	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARP, CATHY 1634 KALAKAUA COURT GULF BREEZE, FL 32563	<input type="checkbox"/> Delete	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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4/30/08	
				Daytime Phone # 850 924 9406	