

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04828

FILED
Apr 15, 2009
Secretary of State

Entity Name: POLYNESIAN ISLES HOMEOWNERS INC.

Current Principal Place of Business:

1519 STRATFORD
P.O. BOX 6114
GULF BREEZE, FL 32561 US

New Principal Place of Business:

3025 CORAL STRIP PARKWAY
GULF BREEZE, FL 32563 US

Current Mailing Address:

P.O. BOX 6114
GULF BREEZE, FL 32563 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAGEDSKOB, HENRY D
3025 CORAL STRIP PARKWAY
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

FAGERSKOG, HENRY D
3025 CORAL STRIP PARKWAY
GULF BREEZE, FL 32563 US

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: HENRY D. FAGERSKOG

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FABERSKOG, HENRY D
Address: 1609 LLANI
City-St-Zip: GULF BREEZE, FL 32563

Title: VP/D () Delete
Name: PLATT, DEAN
Address: 1609 GUAM LANE
City-St-Zip: GULF BREEZE, FL 32563

Title: S/D () Delete
Name: CRISTEA, BILL
Address: 2973 CORAL STRIP PARKWAY
City-St-Zip: GULF BREEZE, FL 32563

Title: T () Delete
Name: ROBSON SR, RICHARD J
Address: 3009 CORAL STRIP PARKWAY
City-St-Zip: GULF BREEZE, FL 32563

Title: D () Delete
Name: HOGAN, STEVE
Address: 1621 COLLEGE PARKWAY
City-St-Zip: GULF BREEZE, FL 32563

Title: D () Delete
Name: SHARP, CATHY
Address: 1634 KALAKAUA COURT
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FAGERSKOG, HENRY D
Address: 3025 CORAL STRIP PARKWAY
City-St-Zip: GULF BREEZE, FL 32563

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/D (X) Change () Addition
Name: ANDEL, MICHAEL
Address: 3040 CORAL STRIP PARKWAY
City-St-Zip: GULF BREEZE, FL 32563

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HENRY D. FAGERSKOG

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date