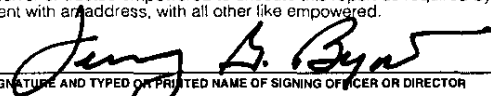


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
04 OCT -7 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26959 1. Entity Name POLYNESIAN ISLES RESORT CONDOMINIUM IV ASSOCIATION, INC.					
Principal Place of Business 3045 POLYNESIAN ISLES BLVD KISSIMMEE, FL 34746			Mailing Address 12179 S APOKA VINELAND RD ORLANDO, FL 32836		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 6751 FORUM DRIVE #100 City & State ORLANDO Zip 32821 Country USA			
City & State		City & State		4. FEI Number 59-2987630	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent 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					
Filing Fee is \$61.25 Due by September 8, 2004		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BYRD, TERRY 3636 BREWTON CT CLEARWATER, FL 33761			☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRIFFITH, CLEOTHA 3262 CREEKWAY LANE DECATUR, GA 30034			☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HEFFNER, LOIS 4900 NW 41ST STE GAINESVILLE, FL 326064440			☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)			☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)			☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)			☐ Delete	☐ Change ☐ 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: 				Date 9/24/04 Daytime Phone #	