2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State
03-17-2006 90128 004 ****61.25

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1. Entity Name
POLYNESIAN ISLES RESORT CONDOMINIUM IV ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3045 POLYNESIAN ISLES BLVD KISSIMMEE, FL 34746	6751 FORUM DRIVE #200 ORLANDO, FL 32821

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01262006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2987630
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BYRD, TERRY
STREET ADDRESS	3636 BREWTON CT
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	PD
NAME	GRIFFITH, CLEOTHA
STREET ADDRESS	3262 CREEKWAY LANE
CITY-ST-ZIP	DECATUR, GA 30034
TITLE	STD
NAME	SKORA, PHYLLIS
STREET ADDRESS	32351 TECLA DR
CITY-ST-ZIP	WARREN, MI 48088
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Susan Hodgin SUSAN Hodgin 3-14-06 407-465-2310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #