

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

03-13-2003 90074 002 ****61.25

DOCUMENT # N26959

1. Entity Name

**POLYNESIAN ISLES RESORT CONDOMINIUM IV ASSOCIAT
ON, INC.**



Principal Place of Business

Mailing Address

**3045 POLYNESIAN ISLES BLVD
KISSIMMEE FL 34746**

**12179 S APOKA VINELAND RD
ORLANDO FL 32836**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**RPM MANAGEMENT, INC.
1781 PARK CENTER DRIVE
ORLANDO FL 32835**

Name **C.T. Corporation**

Street Address (P.O. Box Number is Not Acceptable)

1200 PINE ISLAND ROAD

City **PLANTATION**

FL Zip Code **33324**

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.

**James A. Bordonaro
Assistant Secretary**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE ☐ Delete
NAME **VD BYRD, TERRY**
STREET ADDRESS **3636 BREWTON CT**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☐ Delete
NAME **PD GRIFFITH, CLEOHA**
STREET ADDRESS **3282 CREEKWAY LANE**
CITY-ST-ZIP **DECATUR GA 30034**

TITLE ☐ Delete
NAME **STD HEFFNER, LOIS**
STREET ADDRESS **4900 NW 41ST STE**
CITY-ST-ZIP **GAINESVILLE FL 32606-4440**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-10-03

407-465-2310

CR2E037 (10/02)

ATTACHMENT



April 11, 2003

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Polynesian Isles Resort Condominium IV

Reference No. N26959

88025738

Dear Sirs,

In response to your letter of March 14, 2003 regarding the registered agent for the above mentioned Condominium Association, attached please find a signed Uniform Business Report with the current registered agent CT Corporation, a Florida corporation, listed. The UBR is signed and dated.

As stated in your letter, you have the Association's check in the amount of \$61.25 to cover the processing fee. Please let me know immediately if there is any other information you require.

Sincerely,

Susan Hodgkin
National HOA Board Relations Manager
(407) 465-2310

Enclosure