FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N26960** **(7)**

1. Corporation Name

POLYNESIAN ISLES RESORT MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% ROBERT J. WEBB 3045 POLYNESIAN ISLES BLVD KISSIMMEE FL 34746-6212	% ROBERT J. WEBB 3045 POLYNESIAN ISLES BLVD KISSIMMEE FL 34746-6212

3. Date Incorporated or Qualified: 06/15/1988

4. FEI Number: 59-2948840 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WEBB, ROBERT J. 2300 SUN BANK CENTER 200 S ORANGE AVE. ORLANDO FL 32801	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MOLKO, RONALD S.		1.2 NAME		
STREET ADDRESS	3045 POLYNESIAN ISL. BLV		1.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KENNEDY, DALE V.		2.2 NAME		
STREET ADDRESS	3045 POLYNESIAN ISL. BLV		2.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	9.1 TITLE		☐ Change ☐ Addition
NAME	HEFFNER, LOIS		3.2 NAME		
STREET ADDRESS	4900 NW 41ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		3.4. CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GENE GRABARNICK		4. 2 NAME		
STREET ADDRESS	3045 POLYNESIA ISLES BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	COSTA, CARLOS		5.2 NAME		
STREET ADDRESS	15 BROOKSIDE AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	WESTPORT MA NA		5.4 CITY-ST-ZIP	MA	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ 5/7/98