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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26960

1. Corporation Name

POLYNESIAN ISLES RESORT MASTER ASSOCIATION, INC.

Principal Place of Business

% ROBERT J. WEBB
3045 POLYNESIAN ISLES BLVD
KISSIMMEE FL 34746-6212

Mailing Address

% ROBERT J. WEBB
3045 POLYNESIAN ISLES BLVD
KISSIMMEE FL 34746-6212



2. Principal Place of Business

21 **Polynesian Isles Resort**

2a. Mailing Address

26 **6880 Lake Ellenor Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 Suite 103
28 **Orlando, FL**

23 Zip Country

29 Zip Country

24 25

30 32809

3. Date Incorporated or Qualified

06/15/1988

4. FEI Number

59-2948840

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

RPM MANAGEMENT, INC.
6880 LAKE ELLENOR DRIVE
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code
32809

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME **MOLKO, RONALD S.**
STREET ADDRESS **3045 POLYNESIAN ISL. BLV**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE ST ☒ DELETE

NAME **KENNEDY, DALE V.**
STREET ADDRESS **3045 POLYNESIAN ISL. BLV**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE D ☐ DELETE

NAME **HEFFNER, LOIS**
STREET ADDRESS **4900 NW 41ST**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE VPD ☒ DELETE

NAME **GENE GRABARNICK**
STREET ADDRESS **3045 POLYNESIA ISLES BLVD**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE D ☐ DELETE

NAME **COSTA, CARLOS**
STREET ADDRESS **15 BROOKSIDE AVE.**
CITY-ST-ZIP **WESTPORT MA**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition

1.2 NAME **Russ Brunning**
1.3 STREET ADDRESS **8651 Treasure Cay Lane**
1.4 CITY-ST-ZIP **Orlando, FL 32836**

2.1 TITLE **Vice President** ☒ Change ☐ Addition

2.2 NAME **Steve Vieira**
2.3 STREET ADDRESS **1781 Park Center Drive**
2.4 CITY-ST-ZIP **Orlando, FL 32861-4005**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **Secretary/Treasurer** ☒ Change ☐ Addition

4.2 NAME **Ann Cohen**
4.3 STREET ADDRESS **1781 Park Center Drive**
4.4 CITY-ST-ZIP **Orlando, FL 32861-4005**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

11/9/99

407/238-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)