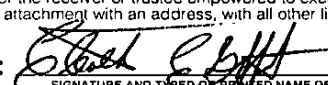


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90186 047 ****61.25

DOCUMENT # N26960 1. Entity Name POLYNESIAN ISLES RESORT MASTER ASSOCIATION, INC.					
Principal Place of Business 3045 POLYNESIAN ISLES BLVD. KISSIMMEE, FL 34746-6212			Mailing Address 6751 FORUM DR #200 ORLANDO, FL 32821		
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 59-2948840	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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	STD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GRIFFITH, ROBIN		NAME		
STREET ADDRESS	6751 FORUM DR #200		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32821		CITY - ST - ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HEFFNER, LOIS		NAME		
STREET ADDRESS	4900 NW 41ST		STREET ADDRESS		
CITY - ST - ZIP	GAINESVILLE, FL		CITY - ST - ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	COSTA, CARLOS		NAME		
STREET ADDRESS	15 BROOKSIDE AVE.		STREET ADDRESS		
CITY - ST - ZIP	WESTPORT, MA		CITY - ST - ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MUNIZ, JAMES		NAME		
STREET ADDRESS	8309 LAKE BRYAN BEACH BLVD.		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32821		CITY - ST - ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GRIFFITH, CLEOTRA		NAME		
STREET ADDRESS	3262 CREEKWAY LANE		STREET ADDRESS		
CITY - ST - ZIP	DECATUR, GA 30034		CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: 			Date: 2/11/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					