2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 18, 2007 8:00 am Secretary of State

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1. Entity Name

POLYNESIAN ISLES RESORT MASTER ASSOCIATION, INC.

Principal Place of Business 3045 POLYNESIAN ISLES BLVD.

Mailing Address 6751 FORUM DR

KISSIMMEE,	FL 34746-0	5212	#200 ORLANDO, FL 32821								O CILLON FI	OCH OLDIE GION BION	BIDINTI DI 1881	
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mail	3. Mailing Address										
Suite, Apt.	#, etc.		Sui	Suite, Apt. #, etc.					7 Ch	ıg-NP	CR	2E037 (12/0	i)	
City & Stat	ө		Cit	City & State					4. FEI Number Applied For 59-2948840 Not Applied be					
Zip Country				Zip Country				5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name	and Address of Current	Registere	d Agent				7. Name a	ınd Addı	ress of Nev	v Registe	red Agent		
NRAI SER	VICES IN	ıc			Name									
		PARK DRIVE				Street Address (P.O. Box Number is Not Acceptable)								
WESTON,	FL 3333	1												
						City						FL Zip C		
	ions of regis	ty submits this statement for tered agent.						ed agent, or	•••	the State of		I am familiar w	ith, and accept	
	Filing Fe	e is \$61.25		9. Election Can	npaign Fi	inancing		\$5.00 Ma	v Re		Make c	heck payabl	e to	
Filing Fee is \$61.25 Due by May 1, 2007				Trust Fund Contribution.				+	,	_			Ctata	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR