2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State
04-18-2007 90150 027 ****61.25

DOCUMENT # N26960

1. Entity Name
POLYNESIAN ISLES RESORT MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3045 POLYNESIAN ISLES BLVD. KISSIMMEE, FL 34746-6212	6751 FORUM DR #200 ORLANDO, FL 32821

04112007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2948840 ☐ 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
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☒D SABO, JASON 3865 W CHEYENNE AVE NORTH LAS VEGAS, NV 89032	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BYRD, TERRY 2636 BREWTON CT CLEARWATER, FL 33761	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JASON TOSTE 3865 W. CHEYENNE AVE. NORTH LAS VEGAS, NV 89032	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COSTA, CARLOS 15 BROOKSIDE AVE. WESTPORT, MA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST D PHYLLIS SKORA 32351 TECIA DRIVE WARREN, MI 48088	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MUNIZ, JAMES 8309 LAKE BRYAN BEACH BLVD. ORLANDO, FL 32821	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CARLOS COSTA 1125 STATE ROAD #4 WESTPORT, MA 02790	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GRIFFITH, CLEOTRA 3262 CREEKWAY LANE DECATUR, GA 30034	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GARY EMKEN 4147 THIRD COURT LANTANA, FL 33462	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Susan Hodgue 4-13-07 407-465-2310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #