2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2012
Secretary of State

DOCUMENT# N26960

Entity Name: POLYNESIAN ISLES RESORT MASTER ASSOCIATION, INC.

Current Principal Place of Business:

3045 POLYNESIAN ISLES BLVD.
KISSIMMEE, FL 347466212

New Principal Place of Business:

Current Mailing Address:

10600 W. CHARLESTON BLVD.
LAS VEGAS, NV 89135

New Mailing Address:

FEI Number: 59-2948840 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: MAGDOS, TROY
Address: 10600 W. CHARLESTON BLVD.
City-St-Zip: LAS VEGAS, NV 89135

Title: P
Name: RIDDLE, LINDA
Address: 10600 W. CHARLESTON BLVD.
City-St-Zip: LAS VEGAS, NV 89135

Title: S/T
Name: GOECKEL, FRANK
Address: 10600 W. CHARLESTON BLVD.
City-St-Zip: LAS VEGAS, NV 89135

Title: D
Name: COSTA, CARLOS
Address: 1125 STATE ROAD # 4
City-St-Zip: WESTPORT, MA 02790

Title: D
Name: JOHNSON, RICK
Address: 3730 BROCK ROAD RR # 5
City-St-Zip: CLAREMONT, ONTARIO CANADA, CA L1Y1A2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LINDA RIDDLE P 04/30/2012

Electronic Signature of Signing Officer or Director Date