

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26959

Entity Name: POLYNESIAN ISLES RESORT CONDOMINIUM IV
ASSOCIATION, INC.**Current Principal Place of Business:**3045 POLYNESIAN ISLE BLVD
KISSIMMEE , FL 34746**Current Mailing Address:**10600 W. CHARLESTON BLVD
LAS VEGAS, NV 89135**FEI Number: 59-2987630****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	P
Name	PELOSI, CHERYL
Address	10600 W. CHARLESTON BLVD
City-State-Zip:	LAS VEGAS NV 89135

Title	VP
Name	KOSKI, GERALD M.
Address	10600 W. CHARLESTON BLVD
City-State-Zip:	LAS VEGAS NV 89135

Title	DIRECTOR
Name	TOSTE, JASON
Address	10600 W. CHARLESTON BLVD
City-State-Zip:	LAS VEGAS NV 89135

Title	D
Name	GALE, LESLIE
Address	10600 W. CHARLESTON BLVD
City-State-Zip:	LAS VEGAS NV 89135

Title	SECRETARY, TREASURER
Name	WEATHERSPOON, SHARON
Address	10600 W. CHARLESTON BLVD
City-State-Zip:	LAS VEGAS NV 89135

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: SHARON WEATHERSPOON**SECRETARY****04/05/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date