

2019 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 /
TREASURER**

01/07/2019

Electronic Signature of Signing Officer/Director Detail

Date