2015 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

FILED Mar 23, 2015

Secretary of State

CC0441796902

Officer/Director Detail:

Title P Title VP

Name RIDDLE, LINDA Name KOSKI, GERALD M.

Address 10600 W. CHARLESTON BLVD Address 10600 W. CHARLESTON BLVD

City-State-Zip: LAS VEGAS NV 89135 City-State-Zip: LAS VEGAS NV 89135

Title S/T Title D

Name TOSTE, JASON Name MAGDOS, TROY

Address 10600 W. CHARLESTON BLVD Address 10600 W. CHARLESTON BLVD

City-State-Zip: LAS VEGAS NV 89135 City-State-Zip: LAS VEGAS NV 89135

Title D

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: JASON TOSTE

Electronic Signature of Signing Officer/Director Detail

SECRETARY

03/23/2015 Date