

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26959

Entity Name: POLYNESIAN ISLES RESORT CONDOMINIUM IV
ASSOCIATION, INC.**Current Principal Place of Business:**10600 W CHARLESTON BLVD
LAS VEGAS, NV 89135**Current Mailing Address:**10600 W. CHARLESTON BLVD
LAS VEGAS, NV 89135**FEI Number: NOT APPLICABLE****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	PRESIDENT, DIRECTOR
Name	PELOSI, CHERYL
Address	10600 W. CHARLESTON BLVD
City-State-Zip:	LAS VEGAS NV 89135

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

Title	DIRECTOR
Name	HEADLEY, WILL
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: CHERYL PELOSI**PRESIDENT****04/26/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date