2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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Entity Name: POLYNESIAN ISLES RESORT MASTER ASSOCIATION, INC.

Current Principal Place of Business:

3045 POLYNESIAN ISLES BLVD.
KISSIMMEE, FL 34746

Current Mailing Address:

10600 W. CHARLESTON BLVD.
LAS VEGAS, NV 89135

FEI Number: 59-2948840

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	D
Name	HAMPSON, TERRY
Address	10600 W. CHARLESTON BLVD.
City-State-Zip:	LAS VEGAS NV 89135

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

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

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

Title	SECRETARY, TREASURER
Name	GALE, LESLIE
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: LESLIE GALE SECRETARY/TREASURER 07/03/2017

Electronic Signature of Signing Officer/Director Detail — Date