

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 30, 2008 8:00 am**  
**Secretary of State**

05-30-2008 90220 009 \*\*\*\*61.25

**DOCUMENT # N05000008025**

1. Entity Name  
**POSITANO PLACE AT NAPLES IV CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**1515 SOUTH FEDERAL HIGHWAY, SUITE 102**      **1515 SOUTH FEDERAL HIGHWAY, SUITE 102**  
**BOCA RATON, FL 33432**      **BOCA RATON, FL 33432**

**4010684Z**



04252008 No Chg-NP      CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-3844940</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**FORMAN, ROBERT S**  
**2101 W. COMMERCIAL BLVD, SUITE 2800**  
**FORT LAUDERDALE, FL 33309**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PAPASSO, JOE 2101 WEST COMMERCIAL BLVD., STE. 4100 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DST</del> <del>WILKINSON, HAROLD</del> <b>John Evans</b> 1515 SOUTH FEDERAL HIGHWAY, SUITE 102 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MUXO, ALEX 2101 WEST COMMERCIAL BLVD., STE. 4100 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mike Coy</b> <b>12950 Positano Circle #305</b> <b>Naples, FL 34105</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*      Date: **4-28-08**      Daytime Phone #: **561-398-7000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR