2006 NOT-FOR-PROFIT CORPURATION ANNUAL REPORT

FILED Apr 24, 2006 8:00 am Secretary of State

DOCUMENT # N0500008029 1. Entity Name POSITANO PLACE AT NAPLES III CONDOMINIUM ASSOCIATION, INC.						04-06-	2006 900	022 014 **	***61.25
Principal Place of Business 1515 SOUTH FEDERAL HIGHWAY, SUITE 102 BOCA RATON, FL 33432 Malling Address 1515 SOUTH FEDERAL HIGHWAY, SUITE 102 BOCA RATON, FL 33432									
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03222006	Chg-NP	ÇR2E	037 (11/05)	
City & State		City & State			4. FEI Number	3844	<i>85</i> 2		oplied For ot Applicable
Zip	Country	Zíp	Co	ипту	5. Certificate of			\$8.75 Add	ditional
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of Ne	w Registered		
FORMAN, ROBERT S				Name					
FORMAN, ROBERT'S 2101 W. COMMERCIAL BLVD., SUITE 2800 FORT LAUDERDALE, FL 33309				Street Address (P.O. Box Number is Not Acceptable)					
, 0, 1, 2, 10	, , , , , , , , , , , , , , , , , , , ,								
				City			F	L Zip Cod	e
the obligati	ions of registered agent.								
SIGNATURE .	Signature, typed or printed name of registered age	nt and side if applicable (I	OTE: Register	id Agent signifilire req	quired when reinstating)		DATE	· · · · · · · · · · · · · · · · · · ·	
		9. Election		Financing	spired when reinstaing) \$5.00 May Be Added to Fees		Make che	ck payable t artment of S	
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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 supplied entayteport 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 trustise empowered, 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 trustise empowered, 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 attachine that the information indicated on this report or 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 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 supplied with the part of the exemption of the corporation of the receiver or trusting and execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 119, Florida Statutes.

SIGNATURE:

SOLE PAPO 440

3-30-06

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