


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90003 023 ****61.25

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



Principal Place of Business 1515 SOUTH FEDERAL HIGHWAY, SUITE 102 BOCA RATON, FL 33432	Mailing Address 1515 SOUTH FEDERAL HIGHWAY, SUITE 102 BOCA RATON, FL 33432
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04252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3844852	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP
NAME	PAPASSO, JOE
STREET ADDRESS	2101 WEST COMMERCIAL BLVD., STE. 4100
CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	DP <i>John Evans</i>
NAME	FOMLINCSON, HAROLD
STREET ADDRESS	2101 WEST COMMERCIAL BLVD., STE. 4100
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	DST
NAME	MUXO, ALEX
STREET ADDRESS	2101 WEST COMMERCIAL BLVD., STE. 4100
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	<i>D</i>
NAME	<i>Tom Nigro</i>
STREET ADDRESS	<i>360 Stewart Ave #1-F</i>
CITY-ST-ZIP	<i>Garden City, NY 11530</i>
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: _____ Date: *4-28-08* Daytime Phone #: *561-393-7474*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR