

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
08 AUG -4 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000008032
1. Entity Name
POSITANO PLACE AT NAPLES II 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



06-02-08 90002 042 \$ 61.25
07102008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #
12910 Positano Circle

3. Mailing Address
12910 Positano Circle

City & State
Naples, Florida

City & State
Naples, Florida

Zip
34105

Country
USA

Zip
34105

Country
USA

4. FEI Number
20-3844789

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name: Richard Deboest, Esq.
Street Address (P.O. Box Number is Not Acceptable): 2030 McGregor Boulevard
City: Fort Myers FL Zip Code: 33901

8. The above named entity swears 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: *[Signature]* DATE: 7/21/08

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 September 12, 2008

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

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP PAPASSO, JOE 2101 WEST COMMERCIAL BLVD., STE. 4100 FORT LAUDERDALE, FL 4100 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Pres. Jack Hedenstrom 12935 Violino Ln. #206 Naples, FL 34105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV TOMLINSON, HAROLD 2101 WEST COMMERCIAL BLVD., STE. 4100 FORT LAUDERDALE, FL 4100 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V. Pres. Alfonso Olivos 12990 Positano Cir. #107 Naples, FL 34105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST MUXO, ALEX 2101 WEST COMMERCIAL BLVD., STE. 4100 FORT LAUDERDALE, FL 4100 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC./Treas. Shirley Menefee 2378 King Palm way Naples, FL 34105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>[Signature]</i> <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 the empowered.

SIGNATURE: *[Signature]* JACK HEDENSTROM DATE: 7/10/08 DAYTIME PHONE: 239-925-6264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR