


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-22-2006 90006 008 ****61.25

DOCUMENT # N05000008035

1. Entity Name
POSITANO PLACE AT NAPLES I 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**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02222006 Chg-NP CR2E037 (11/05)

4. FEI Number
20-3844700 Applied For
 Not Applicable

5. Certificate of Status Desired **\$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**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____

**Filing Fee Is \$61.25
 Due by May 1, 2006**

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

TITLE	DP <input type="checkbox"/> Delete
NAME	PAPASSO, JOE
STREET ADDRESS	2101 WEST COMMERCIAL BLVD., STE. 4100
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309
TITLE	DV <input type="checkbox"/> Delete
NAME	TOMLINSON, HAROLD
STREET ADDRESS	2101 WEST COMMERCIAL BLVD., STE. 4100
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309
TITLE	DST <input type="checkbox"/> Delete
NAME	MUXO, ALES
STREET ADDRESS	2101 WEST COMMERCIAL BLVD., STE 4100
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information provided 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 empowers.

SIGNATURE: Joseph Papasso **JOSEPH PAPASSO** 3-13-06 239 261 1114
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #