


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2008 8:00 am
Secretary of State

07-02-2008 90001 015 ****61.25

DOCUMENT # N05000008035

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



Principal Place of Business: **10961 BONITA BEACH ROAD, BONITA SPRINGS, FL 34135**

Mailing Address: **10961 BONITA BEACH ROAD, BONITA SPRINGS, FL 34135**



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

3. Mailing Address
12910 Positano Circle

Suite, Apt. #, etc.

06022008 Chg-NP CR2E037 (12/08)

City & State: **Naples, Florida**

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ZIP: **34105** County: **U.S.A.** ZIP: **34105** Country: **U.S.A.**

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

PARK AVENUE PROPERTY MGMT, LLC
10961 BONITA BEACH ROAD
BONITA SPRINGS, FL 34135

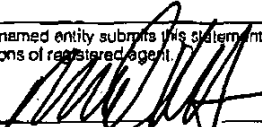
7. Name and Address of New Registered Agent

Name: **DeBoest, Richard**

Street Address (P.O. Box Number is Not Acceptable):
2030 McGregor Blvd.

City: **Fl. Myers** State: **FL** Zip Code: **33901**

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:  **Richard DeBoest**

(NOTE: Registered Agent signature required when reappointing)

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**

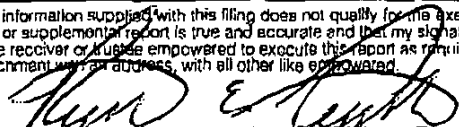
10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BLUM, SYD	
STREET ADDRESS	12930 POSITANO CIRCLE	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FIORETTI, RICHARD	
STREET ADDRESS	1683 PERSIMMON DRIVE	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ANDREWS, DONALD	
STREET ADDRESS	3156 SUNDANCE CIRCLE	
CITY-ST-ZIP	NAPLES, FL 34109	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fioretti, Richard	
STREET ADDRESS	1683 Persimmon Drive	
CITY-ST-ZIP	Naples, FL 34109	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrews, Donald	
STREET ADDRESS	3156 Sundance Circle	
CITY-ST-ZIP	Naples, FL 34109	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Darwish, Ann	
STREET ADDRESS	28405 Hidden Lake Dr.	
CITY-ST-ZIP	Bonita Springs, FL 34134	
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 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 a 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 information.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____