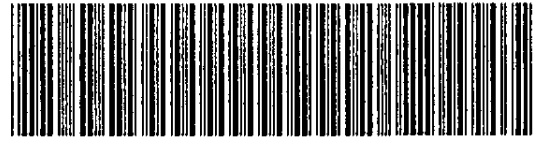


N05000008035



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02/03/11--01014--017 **35.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RA/RO/CHS
@ 2/11/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Positano Place at Naples I Condominium Association
Name of Corporation

DOCUMENT NUMBER: N05000008035

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jack Hedenstrom
Name of Contact Person

Positano Place at Naples
Firm/Company

12910 Positano Circle
Address

Naples, FL 34105
City/State and Zip Code

jhedenstrom@kwpropertymanagement.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jack Hedenstrom at (239) 262-8382
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2011

JACK HEDENSTROM
POSITANO PLACE AT NAPLES
12910 POSITANO CIRCLE
NAPLES, FL 34105

SUBJECT: POSITANO PLACE AT NAPLES I CONDOMINIUM ASSOCIATION,
INC.
Ref. Number: N05000008035

We have received your document for POSITANO PLACE AT NAPLES I
CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00.
However, the enclosed document has not been filed and is being returned for the
following correction(s):

The document must contain the name and capacity of the person signing on
behalf of the new registered agent.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 111A00002936

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Positano Place at Naples I Condominium Association, Inc.

2. The principal office address: 12910 Positano Circle, Naples, FL 34105

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/05/2005 Document number: N05000008035

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Richard DeBoest

2030 McGregor Blvd.

Fort Myers, FL 33901

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Goede & Adamczyk, PLLC

8950 Fontana Del Sol Way, Ste. 100

P.O. Box NOT acceptable

Naples, FL 34109

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DIVISION OF CORPORATIONS
11 FEB 11 PM 1:51

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Steve Gordon
Signature of an officer or director

Steve Gordon, President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

JANUARY 14, 2011
Date

If signing on behalf of an entity: MGRM
JOHN C. GOEDE
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314