

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000008032

**FILED**  
**Jan 30, 2015**  
**Secretary of State**  
**CC0435384839**

**Entity Name:** POSITANO PLACE AT NAPLES II CONDOMINIUM ASSOCIATION  
INC.

**Current Principal Place of Business:**

12910 POSITANO CIRCLE  
NAPLES, FL 34105

**Current Mailing Address:**

12910 POSITANO CIRCLE  
NAPLES, FL 34105

**FEI Number:** 20-3844789

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GEODE & ADAMCZYK, PLLC  
8950 FONTANA DE SOL WAY  
SUITE 100  
NAPLES, FL 34109 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MENEFFEE, SHIRLEY  
Address 12910 POSITANO CIRCLE  
City-State-Zip: NAPLES FL 34105

Title SECRETARY  
Name HUGHES, NORMAN  
Address 12910 POSITANO CIRCLE  
City-State-Zip: NAPLES FL 34105

Title VP  
Name BAILEY, BRENT  
Address 12910 POSITANO CIRCLE  
City-State-Zip: NAPLES FL 34105

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHIRLEY MENEFFEE

**PRESIDENT**

**01/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date