2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 749932

1. Entity Name
THE POSADA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4300 BELAIR LANE #1 NAPLES, FL 34103	4300 BELAIR LANE #1 NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

02282007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2028596
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARTER, LEE
4300 BELAIR LANE #1
NAPLES, FL 34103

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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: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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

U00000656334
03/14/07-80021-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DOHERTY, MARY
STREET ADDRESS	4300 BELAIR LN #5
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	VD
NAME	GIBSON, MARY
STREET ADDRESS	4300 BELAIR LN #4
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	SD
NAME	NEBEL, ELIZABETH
STREET ADDRESS	4300 BELAIR LN #6
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	TD
NAME	CARTER, LEE
STREET ADDRESS	4300 BELAIR LN #1
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 like empowered.

SIGNATURE: Lee Carter LEE CARTER (TD) MAR. 02, 2007.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #