

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004673

FILED
Apr 28, 2007
Secretary of State

Entity Name: POSITANO NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

14895 BELLEZZA LN
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

14895 BELLEZZA LN
NAPLES, FL 34110

New Mailing Address:

FEI Number: 13-4266241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARLICK, THOMAS B
5551 RIDGEWOOD DR STE #101
NAPLES, FL 341082718 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RUBINTON, JON
Address: 14895 BELLEZZA LANE
City-St-Zip: NAPLES, FL 34110

Title: DST () Delete
Name: RUBINTON, GEORGE
Address: 14895 BELLEZZA LANE
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: LEAMING, KATHRYN B
Address: 14895 BELLEZZA LANE
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JON RUBINTON

PD

04/28/2007

Electronic Signature of Signing Officer or Director

Date