

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90003 023 ****61.25

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



Principal Place of Business

1515 SOUTH FEDERAL HIGHWAY, SUITE 102
BOCA RATON, FL 33432

Mailing Address

1515 SOUTH FEDERAL HIGHWAY, SUITE 102
BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE



04252008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
20-3844852

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FORMAN, ROBERT S
2101 W. COMMERCIAL BLVD., SUITE 2800
FORT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PAPASSO, JOE
STREET ADDRESS	2101 WEST COMMERCIAL BLVD., STE. 4100
CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	DST
NAME	FOMLINSON, HAROLD John Evans
STREET ADDRESS	2101 WEST COMMERCIAL BLVD., STE. 4100
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	DST
NAME	MUXO, ALEX
STREET ADDRESS	2101 WEST COMMERCIAL BLVD., STE. 4100
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	Tom Nigro
STREET ADDRESS	360 Stewart Ave #1-F
CITY-ST-ZIP	Garden City, NY 11530
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-08 561-888-7474