

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008035

FILED  
Apr 13, 2009  
Secretary of State

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

**Current Principal Place of Business:**

12910 POSTIANO CIR  
NAPLES, FL 34105

**New Principal Place of Business:**

**Current Mailing Address:**

12910 POSTIANO CIR  
NAPLES, FL 34105

**New Mailing Address:**

**FEI Number:** 20-3844700

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEBOEST, RICHARD  
2030 MCGREGOR BLVD  
FORT MYERS, FL 33901 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: PD ( ) Delete  
Name: FIORETTI, RICHARD  
Address: 1683 PERSIMMON DR  
City-St-Zip: NAPLES, FL 34109

Title: V ( ) Delete  
Name: ANDREWS, DONALD  
Address: 3156 SUNDANCE CIR  
City-St-Zip: NAPLES, FL 34109

Title: ST ( ) Delete  
Name: DARWISH, ANN  
Address: 28405 HIDDEN LAKE DR  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: STD (X) Change ( ) Addition  
Name: ANDREWS, DONALD  
Address: 3156 SUNDANCE CIR  
City-St-Zip: NAPLES, FL 34109

Title: VPD (X) Change ( ) Addition  
Name: DARWISH, ANN  
Address: 28405 HIDDEN LAKE DR  
City-St-Zip: BONITA SPRINGS, FL 34134

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: JACK HEDENSTROM

MGR

04/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date