## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # N03000000875

1. Entity Name

THE BEAR'S CLUB GOLF VILLAS CONDOMINIUM ASSOCIATION, INC.



FILED
May 02, 2005 08:00 AM
Secretary of State

Principal Place of Business

2000 PGA BOULEVARD

SUITE 2204

NORTH PALM BEACH, FL 33408

Mailing Address

2000 PGA BOULEVARD

SUITE 2204

NORTH PALM BEACH, FL 33408



03102005 No Chg-NP

CR2E037 (10/03)

4. FEI Number 04-3794636 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITLEY, ROBERT 2000 PGA BOULEVARD SUITE 2204 NORTH PAIM BEACH FL 3340

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SUITE 2204 NORTH PALM BEACH, FL 33408			IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title in	f applicable. (NOTE, Registered	Agent signature	required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Finant Trust Fund Contribution.	cing 🖂	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				÷	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PD WHITLEY, ROBERT B 2000 PGA BOULEVARD #2204 NORTH PALM BEACH, FL 33408				·
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FENTON, IRA C 2000 PGA BLVD, STE 2202 NORTH PALM BEACH, FL 33408				000000358574 05/04/05-80119-020 61.25
TITLE NAME STREET ADDRESS CITY ST-ZIP	STD FREDERICKSON, IVAN C 2000 PGA BOULEVARD #2204 NORTH PALM BEACH, FL 33408			DO	NOT WRITE
TITLE NAME STREET ABDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET LABORESS					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 cath; 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** 

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/05 Date

Daylime Phone #