

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18257

**FILED
Mar 27, 2014
Secretary of State
CC7786746281**

Entity Name: BEAR'S PAW VILLAS SEVEN ASSOCIATION, INC.

Current Principal Place of Business:

C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109

Current Mailing Address:

C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109 US

FEI Number: 59-2750213

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABILITY MANAGEMENT, INC
C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109 US

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

Officer/Director Detail :

Title P
Name MACARTHUR, JAMES
Address 204 BEAR'S PAW TRAIL
City-State-Zip: NAPLES FL 34105

Title S
Name CURRY, DAVID
Address 198 BEAR'S PAW TRAIL
City-State-Zip: NAPLES FL 34105

Title T
Name CAUNTER, HARRY
Address 200 BEARS PAW TRAIL
City-State-Zip: NAPLES FL 34105

I hereby 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 all other like empowered.

SIGNATURE: JAMES MACARTHUR

P

03/27/2014

Electronic Signature of Signing Officer/Director Detail

Date