

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754755

FILED
Apr 12, 2006
Secretary of State

Entity Name: BEAR'S PAW CONDOMINIUM I ASSOCIATION, INC.

Current Principal Place of Business:

1044 CASTELLO DRIVE #206
NAPLES, FL 33940

New Principal Place of Business:

Current Mailing Address:

1044 CASTELLO DRIVE #206
NAPLES, FL 33940

New Mailing Address:

FEI Number: 59-2060684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MANAGEMENT CORP.
1044 CASTELLO DR #206
NAPLES, FL 34103 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: BLANDO, DR. TONY
Address: 1223 WILDWOOD LN
City-St-Zip: NAPLES, FL 34105

Title: SD () Delete
Name: CUTINELLA, JOE
Address: 1031 WILDWOOD LANE
City-St-Zip: NAPLES, FL 34105

Title: TD () Delete
Name: BUXTON, DON
Address: 725 WILDWOOD LANE
City-St-Zip: NAPLES, FL 34105

Title: VD () Delete
Name: BLANDO, TONY DR
Address: 1223 WILDWOOD LANE
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: POIRIER, DR. PAUL
Address: 311 WILDWOOD LN
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: RIDEOUTTE, JAMES
Address: 1125 WILDWOOD LN
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: NARONE, CAROL
Address: 724 WILDWOOD LANE
City-St-Zip: NAPLES, FL 34105

Title: VD (X) Change () Addition
Name: DICK, SENDIK
Address: 322 WILDWOOD LANE
City-St-Zip: NAPLES, FL 34105

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

Title: D (X) Change () Addition
Name: OCONNOR, NORMAN
Address: 1523 WILDWOOD LANE
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the 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: TONY BLANDO

PD

04/12/2006

Electronic Signature of Signing Officer or Director

Date