2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# 754755

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:

1044 CASTELLO DRIVE #206
NAPLES, FL 34103

Current Mailing Address:

1044 CASTELLO DRIVE #206
NAPLES, FL 33940

New Mailing Address:

1044 CASTELLO DRIVE #206
NAPLES, FL 34103

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: P ( ) Delete
Name: FLYNN, WILLIAM
Address: 432 WILDWOOD LANE
City-St-Zip: NAPLES, FL 34105

Title: SD ( ) Delete
Name: KELLEY, TOM
Address: 1111 WILDWOOD LANE
City-St-Zip: NAPLES, FL 34105

Title: TD ( ) Delete
Name: GAYTON, TIS
Address: 412 WILDWOOD LANE
City-St-Zip: NAPLES, FL 34105

Title: VD ( ) Delete
Name: GIBSON, LEN
Address: 222 WILDWOOD LANE
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete
Name: HUDAK, TOM
Address: 1015 WILDWOOD LANE
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete
Name: MUNROE, KIRK
Address: 1514 WILDWOOD LANE
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition
Name: LEBER, DON
Address: 314 WILDWOOD LANE
City-St-Zip: NAPLES, FL 34105

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

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

Title: D (X) Change ( ) Addition
Name: KENNEDY, MARIE
Address: 122 WILDWOOD LANE
City-St-Zip: NAPLES, FL 34105

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

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: WILLIAM FLYNN PD 03/31/2009
Electronic Signature of Signing Officer or Director — Date