

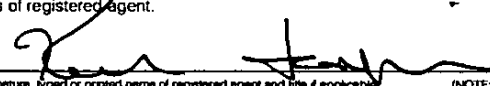
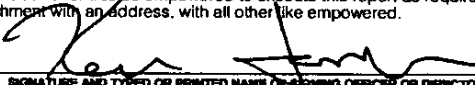


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90258 027 ****61.25

DOCUMENT # 766143 1. Entity Name BEAR'S PAW TRAIL CORPORATION					
Principal Place of Business 2360 LONGBOAT DRIVE NAPLES, FL 34104 US				Mailing Address 2360 LONGBOAT DRIVE NAPLES, FL 34104 US	
2. Principal Place of Business 12709 TAMiami TRAIL East		3. Mailing Address 12709 TAMiami TRAIL East			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04282006 Chg-NP CR2E037 (4/06)	
City & State Naples FL		City & State Naples FL		4. FEI Number 59-2609934	
Zip 34113		Country USA		Applied For Not Applicable	
Zip 34113		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ED BOOT PROPERTY MANAGEMENT 2360 LONGBOAT DRIVE NAPLES, FL 34104				7. Name and Address of New Registered Agent Name Collier Association Management Street Address (P.O. Box Number is Not Acceptable) 12709 TAMiami TRAIL East City Naples FL Zip Code 34113	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE 4/30/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORDON, ROBERT <input type="checkbox"/> Delete 300 BEAR'S PAW TRAIL UNIT 314 NAPLES, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HODGKISS, DONALD <input checked="" type="checkbox"/> Delete 176 BEAR'S PAW TRAIL NAPLES, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ATHERTON, WILLIAM <input checked="" type="checkbox"/> Delete 190 BEARS PAW TRAIL NAPLES, FL 34105				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition T JAMES MAZTHUR 204 BEAR'S PAW TRAIL NAPLES, FL 34105				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Dalc mulder 170 BEAR'S PAW TRAIL NAPLES, FL 34105				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 4/30/06 DAYTIME PHONE # 2397931643	