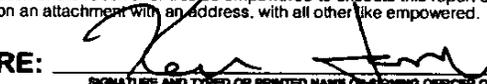


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 TAMMIAMI TRAIL EAST Suite, Apt. #, etc.		3. Mailing Address 12709 TAMMIAMI TRAIL EAST Suite, Apt. #, etc.	
City & State Naples FL		City & State Naples FL	
Zip 34113	Country USA	Zip 34113	Country USA
4. FEI Number 59-2609934		Applied For <input type="checkbox"/> Not Applicable	
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 TAMMIAMI 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: 		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORDON, ROBERT 300 BEAR'S PAW TRAIL UNIT 314 NAPLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HODGKISS, DONALD 176 BEAR'S PAW TRAIL NAPLES, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ATHERTON, WILLIAM 190 BEARS PAW TRAIL NAPLES, FL 34105 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAMES MARATHON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 204 Bear's Paw Trail Naples, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dale Mulder <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 170 Bear's 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"/> 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: 		DATE: 4/30/06 Daytime Phone #: 2397931643	