

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766143

FILED
Mar 31, 2009
Secretary of State

Entity Name: BEAR'S PAW TRAIL CORPORATION

Current Principal Place of Business:

6312 TRAIL BLVD
NAPLES, FL 34108 US

New Principal Place of Business:

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

Current Mailing Address:

PO BOX 770278
NAPLES, FL 34107 US

New Mailing Address:

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

FEI Number: 59-2609934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIVELY, DENNIS F
C/O ABILITY MANAGEMENT, INC
6312 TRAIL BLVD
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

LIVELY, DENNIS F
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: DENNIS F. LIVELY

03/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GORDON, ROBERT
Address: 314 BEAR'S PAW TRAIL
City-St-Zip: NAPLES, FL

Title: VD () Delete
Name: ROBERTSON, PAUL
Address: 150 BEARS PAW TRAIL
City-St-Zip: NAPLES, FL 34105

Title: TD () Delete
Name: CAUNTER, HARRY
Address: 200 BEARS PAW TRAIL
City-St-Zip: NAPLES, FL 34105

Title: SD () Delete
Name: POIRIER, PAUL
Address: 111 BEARS PAW TRAIL
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: () Change () Addition
Name:
Address:
City-St-Zip:

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: DENNIS F. LIVELY

MGR

03/31/2009

Electronic Signature of Signing Officer or Director

Date