

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90010 033 ****61.25

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| DOCUMENT # N03000000875 1. Entity Name THE BEAR'S CLUB GOLF VILLAS CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 2000 PGA BOULEVARD SUITE 2204 NORTH PALM BEACH, FL 33408 | | | Mailing Address 2000 PGA BOULEVARD SUITE 2204 NORTH PALM BEACH, FL 33408 | | |
| 2. Principal Place of Business 2000 PGA BLVD. | | 3. Mailing Address 2000 PGA BLVD. | | <div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">400314</div> <div style="margin-top: 10px;">02152006 Chg-NP CR2E037 (11/05)</div> | |
| Suite, Apt. #, etc. Suite 2202 | | Suite, Apt. #, etc. Suite 2202 | | | |
| City & State N. Palm Beach, FL | | City & State N. Palm Beach, FL | | | |
| Zip 33408 | | Zip 33408 | | | |
| Country USA | | Country USA | | 4. FEI Number 04-3794636 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent WHITLEY, ROBERT 2000 PGA BOULEVARD SUITE 2204 NORTH PALM BEACH, FL 33408 | | | | 7. Name and Address of New Registered Agent Name _____ Street A Halle, Shaw & Pfaffenberger, P.A. 660 U.S. Highway #1, 3rd Floor City North Palm Beach, FL 33408 | |
| 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 James H. Schnare II 2/21/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 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 WHITLEY, ROBERT B 2000 PGA BOULEVARD #2204 NORTH PALM BEACH, FL 33408 | <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 | VD FENTON, IRA C 2000 PGA BLVD, STE 2202 NORTH PALM BEACH, FL 33408 | <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 FREDERICKSON, IVAN C 2000 PGA BOULEVARD #2204 NORTH PALM BEACH, FL 33408 | <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 | _____ _____ _____ _____ | <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 | _____ _____ _____ _____ | <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 | _____ _____ _____ _____ | <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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |