

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90006 029 ****61.25

DOCUMENT # N03000000875

1. Entity Name
**THE BEAR'S CLUB GOLF VILLAS CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**2000 PGA BOULEVARD
SUITE 2202
NORTH PALM BEACH, FL 33408**

Mailing Address
**2000 PGA BOULEVARD
SUITE 2202
NORTH PALM BEACH, FL 33408**

40030072



2. Principal Place of Business - No P.O. Box #

**11770 U.S. Highway One
Suite 102
North Palm Beach, FL
33408 USA**

3. Mailing Address

**11770 U.S. Highway One
Suite 102
North Palm Beach, FL
33408 USA**

01092007 Chg-NP CR2E037 (12/06)

4. FEI Number
04-3794636

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HALLE, SHAW & PFAFFENBERGER, P.A.
660 US HWY 1
3RD FLOOR
NORTH PALM BEACH, FL 33408**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME WHITLEY, ROBERT B
STREET ADDRESS 2000 PGA BOULEVARD #2204
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE VD ☐ Delete
NAME FENTON, IRA C
STREET ADDRESS 2000 PGA BLVD, STE 2202
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE STD ☐ Delete
NAME FREDERICKSON, IVAN C
STREET ADDRESS 2000 PGA BOULEVARD #2204
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

Address Change Only: ☒ Change ☐ Addition
**11770 U.S. Hwy. One, Suite 102
N. Palm Beach, FL 33408**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/07

Date

561-630-5116

Daytime Phone #