2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04768

FILED May 01, 2006 Secretary of State

Entity Name: BEAR'S PAW VILLAS FIVE AND VILLAS SIX ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2360 LONGBOAT DRIVE 12709 TAMIAMI TRAIL EAST NAPLES, FL 34104 NAPLES, FL 34113 **Current Mailing Address: New Mailing Address:** 2360 LONGBOAT DRIVE 12709 TAMIAMI TRAIL EAST NAPLES, FL 34104 NAPLES, FL 34113 FEI Number: 59-2605288 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ED BOOT PROPERTY MANAGEMENT, INC. COLLIER ASSOCIATION MANAGEMENT, INC. 2360 LONGBOAT DRIVE 12709 TAMIAMI TRAIL EAST NAPLES, FL 34104 NAPLES, FL 34113 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: KEITH TOMPKINS 05/01/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition DIFRANCO, PAUL SHARAK, MIKE Name: Name: 175 BEARS PAW TRAIL Address: 159 BEARS PAW TRAIL Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: NAPLES, FL 34105 Title: PD () Delete Title: (X) Change () Addition MOLDER, DALE Name: MULDER, DALE Name: Address: 170 BEARS PAN TRAIL Address: 170 BEARS PAN TRAIL City-St-Zip: NAPLES, FL 34105 City-St-Zip: NAPLES, FL 34105 Title: () Delete Title: () Change () Addition BALISTRERI, STEPHEN Name: Name: 182 BEAR'S PAW TRAIL Address: Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: () Delete Title: Title: (X) Change () Addition NEAL, JOHN Name: Name: ROBERTSON, PAUL 174 BEARS PAW TRAIL 150 BEARS PAW TRAIL Address: Address: City-St-Zip: NAPLES, FL City-St-Zip: NAPLES, FL 34105 Title: VΡ () Delete Title: () Change () Addition PERKIN, HENRY Name: Name: 184 BEARS PAW TRAIL Address: Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KEITH TOMPKINS RA 05/01/2006