

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04768

FILED
Apr 20, 2007
Secretary of State

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

Current Principal Place of Business:

12709 TAMIAMI TRAIL EAST
NAPLES, FL 34113 US

New Principal Place of Business:

6312 TRAIL BLVD
NAPLES, FL 34108 US

Current Mailing Address:

12709 TAMIAMI TRAIL EAST
NAPLES, FL 34113 US

New Mailing Address:

PO BOX 770278
NAPLES, FL 34107 US

FEI Number: 59-2605288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLIER ASSOCIATION MANAGEMENT, INC.
12709 TAMIAMI TRAIL EAST
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

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

04/20/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHARAK, MIKE
Address: 159 BEARS PAW TRAIL
City-St-Zip: NAPLES, FL 34105

Title: PD () Delete
Name: MULDER, DALE
Address: 170 BEARS PAN TRAIL
City-St-Zip: NAPLES, FL 34105

Title: ST () Delete
Name: BALISTRERI, STEPHEN
Address: 182 BEAR'S PAW TRAIL
City-St-Zip: NAPLES, FL 34105

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

Title: VP () Delete
Name: PERKIN, HENRY
Address: 184 BEARS PAW TRAIL
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: SHARAK, MIKE
Address: 159 BEARS PAW TRAIL
City-St-Zip: NAPLES, FL 34105

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BALISTRERI, STEPHEN
Address: 118 BEAR'S PAW TRAIL
City-St-Zip: NAPLES, FL 34105

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 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: DALE MULDER

PD

04/20/2007

Electronic Signature of Signing Officer or Director

Date