

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04768

FILED
Mar 30, 2011
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2605288

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.
6736 LONE OAK BLVD
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MULDER, DALE
Address: 170 BEARS PAW TRAIL
City-St-Zip: NAPLES, FL 34105

Title: D
Name: BOLESKY, EDWARD
Address: 178 BEARS PAN TRAIL
City-St-Zip: NAPLES, FL 34105

Title: ST
Name: SHARAK, MICHAEL
Address: 159 BEAR'S PAW TRAIL
City-St-Zip: NAPLES, FL 34105

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

Title: D
Name: BALISTRERI, STEPHEN
Address: 177 BEARS PAW TRAIL
City-St-Zip: NAPLES, FL 34105

I hereby 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 all other like empowered.

SIGNATURE: DENNIS F LIVELY

RA

03/30/2011

Electronic Signature of Signing Officer or Director

Date