
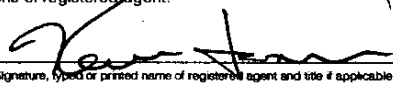
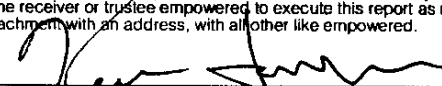


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90258 026 ****61.25

DOCUMENT # N18257					
1. Entity Name BEAR'S PAW VILLAS SEVEN ASSOCIATION, INC.					
Principal Place of Business 2360 LONGBOAT DRIVE NAPLES, FL 34104			Mailing Address 2360 LONGBOAT DRIVE NAPLES, FL 34104		
2. Principal Place of Business 12709 TAMiami TRAIL East Suite, Apt. #, etc.		3. Mailing Address 12709 TAMiami TRAIL East Suite, Apt. #, etc.		04282006 Chg-NP CR2E037 (4/06)	
City & State NAPLES, FL		City & State NAPLES, FL		4. FEI Number 59-2705213	
Zip 34113		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EB BOOT PROPERTY MANAGEMENT 2360 LONGBOAT DRIVE NAPLES, FL 34104			7. Name and Address of New Registered Agent Name Collier Association Management, Inc. Street Address (P.O. Box Number is Not Acceptable) 12709 TAMiami TRAIL East City NAPLES FL 34113		
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.				DATE 4/30/06 (NOTE: Registered Agent signature required when reinstating)	
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	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURNS PETER	NAME			
STREET ADDRESS	194 BEAR'S PAW TRAIL	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL	CITY-ST-ZIP			
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PRICE, THOMAS	NAME			
STREET ADDRESS	206 BEAR'S PAW TRAIL	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34105	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MACARTHUR, JAMES	NAME			
STREET ADDRESS	204 BEAR'S PAW TRAIL	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34105	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	O HARRY CAUMER		
STREET ADDRESS		STREET ADDRESS	200 BEAR'S PAW TRAIL		
CITY-ST-ZIP		CITY-ST-ZIP	NAPLES, FL 34105		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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				DATE 4/30/06 Daytime Phone #	