2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18257

FILED Apr 20, 2007 Secretary of State

Entity Name: BEAR'S PAW VILLAS SEVEN ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

12709 TAMIAMI TRAIL EAST 6312 TRAIL BLVD

NAPLES, FL 34113 US NAPLES, FL 34108

Current Mailing Address: New Mailing Address:

12709 TAMIAMI TRAIL EAST PO BOX 770278

NAPLES, FL 34113 NAPLES, FL 34107 US

FEI Number: 59-2705213 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

COLLIER ASSOCIATION MGNT, INC 12709 TAMIAMI TRAIL EAST

C/O ABILITY MANAGEMENT, INC NAPLES, FL 34113 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.

LIVELY, DENNIS F

SIGNATURE: DENNIS F LIVELY 04/20/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

STD () Delete (X) Change () Addition

PRICE. THOMAS PRICE, THOMAS Name: Name: 206 BEAR'S PAW TRAIL Address: 206 BEAR'S PAW TRAIL Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: NAPLES, FL 34105

Title: PD () Delete Title: () Change () Addition

Name: MACARTHUR, JAMES Name: Address: 204 BEAR'S PAW TRAIL Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

CAUNTER, HARRY Name: CAUNTER, HARRY Name: 200 BEARS PAW TRAIL 200 BEARS PAW TRAIL Address: Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: NAPLES, FL 34105

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: JAMES MCARTHUR PD 04/20/2007