2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18257

FILED Mar 31, 2009 Secretary of State

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

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

6312 TRAIL BLVD C/O ABILITY MANAGEMENT, INC NAPLES, FL 34108 US

6736 LONE OAK BLVD NAPLES, FL 34109

Current Mailing Address: New Mailing Address:

C/O ABILITY MANAGEMENT, INC PO BOX 770278 NAPLES, FL 34107 US

6736 LONE OAK BLVD NAPLES, FL 34109

LIVELY, DENNIS F

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

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

LIVELY, DENNIS F C/O ABILITY MANAGEMENT, INC

C/O ABILITY MANAGEMENT, INC 6736 LONE OAK BLVD 6312 TRAIL BLVD

NAPLES, FL 34108 US NAPLES, FL 34109 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 03/31/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() 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: (X) Change () Addition

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

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 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: DENNIS F. LIVELY MGR 03/31/2009