

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21226

FILED  
Apr 20, 2007  
Secretary of State

Entity Name: BEAR'S PAW LAKEVIEW ONE ASSOCIATION, INC.

**Current Principal Place of Business:**

12709 TAMIAMI TRAIL E  
NAPLES, FL 34113

**New Principal Place of Business:**

6312 TRAIL BLVD  
NAPLES, FL 34108

**Current Mailing Address:**

12709 TAMIAMI TRAIL E  
NAPLES, FL 34113

**New Mailing Address:**

PO BOX 770278  
NAPLES, FL 34107

FEI Number: 65-0004707

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COLLIER ASSOCIATION MGMT., 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: PD ( ) Delete  
Name: GORDON, ROBERT  
Address: 314 BEAR'S PAW TRAIL  
City-St-Zip: NAPLES, FL 34105

Title: STD ( ) Delete  
Name: PAUL, DUFFY  
Address: 334 BEAR'S PAW TRAIL  
City-St-Zip: NAPLES, FL 34105

Title: VD ( ) Delete  
Name: BALISTRERI, TED  
Address: 321 BEAR'S PAW TRAIL  
City-St-Zip: NAPLES, FL 34105

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

Title: PD (X) Change ( ) Addition  
Name: BOEYE, PRYCE  
Address: 332 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: PRYCE BOEYE

PD

04/20/2007

Electronic Signature of Signing Officer or Director

Date