

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21226

FILED
Apr 05, 2010
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0004707

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: TODD, ROBERT
Address: 333 BEAR'S PAW TRAIL
City-St-Zip: NAPLES, FL 34105

Title: T
Name: PARKER, NATHAN
Address: 312 BEAR'S PAW TRAIL
City-St-Zip: NAPLES, FL 34105

Title: S
Name: LEYDON, ROBERT
Address: 324 BEAR'S 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

MGR

04/05/2010

Electronic Signature of Signing Officer or Director

Date