

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21226

**FILED**  
**Mar 30, 2011**  
**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: VP  
Name: GORDON, ROBERT  
Address: 314 BEAR'S PAW TRAIL  
City-St-Zip: NAPLES, FL 34105

Title: ST  
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

RA

03/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date