

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21226

FILED
Apr 18, 2012
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:

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

Current Mailing Address:

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

New Mailing Address:

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

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:

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

04/18/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: T/S
Name: GORDON, ROBERT
Address: 314 BEAR'S PAW TRAIL
City-St-Zip: NAPLES, FL 34105 US

Title: P
Name: LEYDON, ROBERT
Address: 324 BEAR'S PAW TRAIL
City-St-Zip: NAPLES, FL 34105 US

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

04/18/2012

Electronic Signature of Signing Officer or Director

Date