

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766142

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

**Current Principal Place of Business:**

PARAMOUNT PROPERTY MANAGEMENT OF NAPLES  
15275 COLLIER BLVD #201/278  
NAPLES, FL 34119

**Current Mailing Address:**

PARAMOUNT PROPERTY MANAGEMENT OF NAPLES  
15275 COLLIER BLVD #201/278  
NAPLES, FL 34119 US

**FEI Number:** 59-2334774

**Certificate of Status Desired:** No

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

PARAMOUNT PROPERTY MANAGEMENT OF NAPLES  
PARAMOUNT PROPERTY MANAGEMENT OF NAPLES  
15275 COLLIER BLVD #201/278  
NAPLES, FL 34119 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:** CHRISTINE LABUZIENSKI

04/25/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SAMUEL, BRUCE  
Address 111 BEARS PAW TRAIL  
City-State-Zip: NAPLES FL 34105

Title VP, TREASURER  
Name STEINHARDT, BRUCE  
Address 122 BEARS PAW TRAIL  
City-State-Zip: NAPLES FL 34105

Title S  
Name ELLIOTT, CHARLENE  
Address 103 BEARS PAW TRAIL  
City-State-Zip: NAPLES FL 34105

Title PRESIDENT  
Name BALISTERI, STEVE  
Address 149 BEARS PAW TRAIL  
City-State-Zip: NAPLES FL 34105

Title DIRECTOR  
Name LINSIN, KATHY  
Address 142 BEARS PAW TRAIL  
City-State-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:** STEVE BALISTERI

PRESIDENT

04/25/2023

Electronic Signature of Signing Officer/Director Detail

Date