

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

DOCUMENT# N21168

**Entity Name:** THE VILLAGE AT BEAR'S PAW ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**FILED**  
**Apr 13, 2023**  
**Secretary of State**  
**7756351663CC**

**Current Mailing Address:**

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

**FEI Number: 59-2846469**

**Certificate of Status Desired: No**

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

ABILITY MANAGEMENT, INC  
6736 LONE OAK BLVD  
NAPLES, FL 34109-6834 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 LIVELY

04/13/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name RAJCZAK, DAN  
Address C/O ABILITY MANAGEMENT INC  
6736 LONE OAK BLVD  
City-State-Zip: NAPLES FL 34109

Title VP  
Name REIDER, KILLAN  
Address C/O ABILITY MANAGEMENT INC  
6736 LONE OAK BLVD  
City-State-Zip: NAPLES FL 34109

Title PRESIDENT  
Name VANDYGRIFF, KATHERINE  
Address C/O ABILITY MANAGEMENT INC  
6736 LONE OAK BLVD  
City-State-Zip: NAPLES FL 34109

Title TREASURER  
Name HOMES, WENDY  
Address C/O ABILITY MANAGEMENT INC  
6736 LONE OAK BLVD  
City-State-Zip: NAPLES FL 34109

*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:** KATHERINE VANDYGRIFF

PRES

04/13/2023

Electronic Signature of Signing Officer/Director Detail

Date