

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21168

**FILED  
Mar 18, 2021  
Secretary of State  
6973706581CC**

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

**Current Principal Place of Business:**

C/O SOUTHWEST PROPERTY MANAGEMENT  
1044 CASTELLO DR., STE. 206  
NAPLES, FL 34103

**Current Mailing Address:**

C/O SOUTHWEST PROPERTY MANAGEMENT  
1044 CASTELLO DR., STE. 206  
NAPLES, FL 34103 US

**FEI Number: 59-2846469**

**Certificate of Status Desired: No**

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

SOUTHWEST PROPERTY MANAGEMENT  
1044 CASTELLO DR., STE 206  
NAPLES, FL 34103 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            S  
Name            HAMRA, SAM  
Address        C/O SOUTHWEST PROPERTY  
                  MANAGEMENT  
                  1044 CASTELLO DR., STE. 206  
City-State-Zip: NAPLES FL 34103

Title            P  
Name            CAMPBELL, EUGENE  
Address        C/O SOUTHWEST PROPERTY  
                  MANAGEMENT  
                  1044 CASTELLO DR., STE. 206  
City-State-Zip: NAPLES FL 34103

Title            D  
Name            VANDYGRIFF, KATHY  
Address        C/O SOUTHWEST PROPERTY  
                  MANAGEMENT  
                  1044 CASTELLO DR., STE. 206  
City-State-Zip: NAPLES FL 34103

*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: EUGENE CAMPBELL**

**PRESIDENT**

**03/18/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date