

2004 FORM PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90425 048 ***150.00

DOCUMENT # K60515

1. Entity Name
NORTH NAPLES REALTY COMPANY



Principal Place of Business
**PO BOX 366879
BONITA SPRINGS, FL 34136 US**

Mailing Address
**PO BOX 366879
BONITA SPRINGS, FL 34136 US**

2. Principal Place of Business
38500 Woodward Ave.

3. Mailing Address
38500 Woodward Ave.

Suite, Apt. #, etc.
Suite 310

Suite, Apt. #, etc.
Suite 310

City & State
Bloomfield Hills, MI

City & State
Bloomfield Hills, MI

Zip
48304

Country

Zip
48304

Country



04282004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0191352

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CRAWFORD, J. STEPHEN
28000 SPANISH WELLS BLVD
BONITA SPRINGS, FL 34135**

7. Name and Address of New Registered Agent

Name
JANET ARONOFF

Street Address (P.O. Box Number is Not Acceptable)
**800 SEAGATE DRIVE
SUITE 302**

City
Naples

FL Zip Code
34103

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JANET ARONOFF** 4-28-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCARDLE, DAVID A. 4051 E. MAIN STREET ST. CHARLES, IL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLY, THOMAS J. 1600 E. MAIN STREET, STE. 2 ST. CHARLES, IL 60174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CRAWFORD, J. STEPHEN 28000 SPANISH WELLS BLVD BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DANIEL J. ARONOFF 38500 Woodward Ave. Suite 310 Bloomfield Hills, MI 48304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **D. J. ARONOFF**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04 248-642-0190
Date Daytime Phone #