2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K60515

1. Entity Name
NORTH NAPLES REALTY COMPANY



FILED

Apr 16, 2007 08:00 Al Secretary of State

Daytime Phone #

Date

SIGNATURE:

BIGNATURE AND TYPED OF RINTED NAME OF BIGNING OFFICER OF DIRECTOR

Principal Place of Business 21 E. LONG LAKE RD SUITE 100 BLOOMFIELD HILLS, MI 48304 US		Mailing Address 21 E. LONG LAKE RD SUITE 100 BLOOMFIELD HILLS, MI 48304 US					
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	O NOT WRITE I	`,	01032007 No Chg-P CR2E034 (11/05)				
سا∵"،	AND IN ANIMAL I	YL	4. FEI Number 65-0191352		Applied For Not Applicable		
The common property of the second			· ```````````\\\\\\\\\\\\\\\\\\\\\\\\\\		of Status Desired	□ \$8. Fee	75 Additional Required
	6. Name and Address of Current Reg	eller i el	g . (41)	and State of Substitution	Carlos (1)	American States	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				. , '1	NOT W	4 . 4	
	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	ed office or register	ed agent, or bo	th, in the State of Flo	orida. I am famil	iar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and to	lie if applicable. (NOTE Registere	d Agent signature required	when reinstating)		DATE	#1 HE HILL
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finant Trust Fund Contribution.				00 May Be ed to Fees			
10.	OFFICERS AND DIR	ECTORS	*) ", ""	en an jersen.	44 74 1 4 2 5 1	a a p	Shart than " "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARONOFF, DANIEL J 21 E. LONG LAKE RD., STE 100		1 56 THE				
TITLE NAME STREET ADDRESS CITY-S1-ZIP	BLOOMFIELD HILLS, MI 48304)0007074 107-8007	3 7-002 150 C
TITLE NAME STREET ADDRESS CITY-S1-ZIP		·		DO	NOT W	/RITE	
TITLE Name Street address City-St-Zip			B	IN	THIS SE	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. 4	رَاهِا أَنْ الْمُعَالِّينِ الْمُعَالِّينِ الْمُعَالِينِ الْمُعَالِينِ الْمُعَالِينِ الْمُعَالِينِ الْمُعَالِين الْمُعَالِّينِ الْمُعَالِينِ الْمُعَالِينِ الْمُعَالِينِ الْمُعَالِينِ الْمُعَالِينِ الْمُعَالِينِ الْمُعَالِي			
TITLE NAME STREET ADDRESS CITY-ST-2IP							
12. I hereby of indicated of the cor	ertify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with an address, with	e and accurate and that my signal edyto execute this report as requi	ture shall have the s	same legal effec	at as if made under	further certify thoath; that I am a	nat the information