

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-03-2006 90395 023 ****50.00
04-14-2006 90147 044 ***100.00

DOCUMENT # P01000107227

1. Entity Name
NAPLES ON THE GULF DEVELOPMENT CORP.



40043000

APR 14 2006



03272006 Chg-P CR2E034 (11/05)

Principal Place of Business: 1695 LANTANA AVENUE, UNIT E, ENGLEWOOD, FL 34224 US
Mailing Address: 1695 LANTANA AVENUE, UNIT E, ENGLEWOOD, FL 34224 US

2. Principal Place of Business: 3332 NE 33RD ST, Suite, Apt. #, etc.
3. Mailing Address: 3332 NE 33RD ST, Suite, Apt. #, etc.

City & State: Ft. Lauderdale, FL
City & State: Ft. Lauderdale, FL
Zip: 33308 Country: USA
Zip: 33308 Country: USA

4. FEI Number 33-1053108 NOT APPLICABLE
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
TOMANY, MICHAEL A
45 COQUINA LANE
ENGLEWOOD, FL 34223

7. Name and Address of New Registered Agent
Name: Michael Tomany
Street Address (P.O. Box Number is Not Acceptable): 3332 NE 33RD ST
City & State: Ft. Lauderdale FL Zip: 33308

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: *[Signature]*

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
OFFICER	P TOMANY, MICHAEL A 45 COQUINA LANE ENGLEWOOD, FL 34223	OFFICER	☒ Change ☐ Addition
OFFICER	S WILKINSON, LARRY L 1695 LANTANA AVE, UNIT E ENGLEWOOD, FL 34224	OFFICER	☒ Change ☐ Addition
OFFICER	☐ Delete	OFFICER	☐ Change ☐ Addition
OFFICER	☐ Delete	OFFICER	☐ Change ☐ Addition
OFFICER	☐ Delete	OFFICER	☐ Change ☐ Addition
OFFICER	☐ Delete	OFFICER	☐ Change ☐ Addition
OFFICER	☐ Delete	OFFICER	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exceptions contained in Chapter 119, 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. 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: *[Signature]* 3/28/06 954-567-5775
SIGNATURE AND ADDRESS OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR