

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90268 002 \*\*\*150.00

**DOCUMENT # P98000090098**

**1. Entity Name**  
**NAPLES COASTAL REALTY, INC.**



**Principal Place of Business**  
**3400 EAST LAFAYETTE**  
**DETROIT, MI 48207**

**Mailing Address**  
**3400 EAST LAFAYETTE**  
**DETROIT, MI 48207**

**14010249**



02222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**59-3539151**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**ATHAN, G. HELEN**  
**5551 RIDGEWOOD DRIVE, SUITE 501**  
**NAPLES, FL 34108**

**DO NOT WRITE  
IN THIS SPACE**

**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, 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, 2005 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**  
**VD**  
**GRIFFIN, GERALD F II**  
**5551 RIDGEWOOD DRIVE, SUITE 203**  
**NAPLES, FL 34108**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**VSD**  
**CORACE, RICHARD F**  
**5551 RIDGEWOOD DRIVE, SUITE 203**  
**NAPLES, FL 34108**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**AS**  
**FRANK, BRYANT M**  
**3400 EAST LAFAYETTE**  
**DETROIT, MI 48207**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**T**  
**SHARPE, KEITH A**  
**5551 RIDGEWOOD DRIVE, SUITE 203**  
**NAPLES, FL 34108**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**PD**  
**SOAVE, ANTHONY**  
**3400 EAST LAFAYETTE**  
**DETROIT, MI 48207**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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IN THIS SPACE**

**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:**

*Bryant M. Frank*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*4/27/05*  
**Date**

**Daytime Phone #**