


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

DOCUMENT # P98000090098 1. Entity Name NAPLES COASTAL REALTY, INC.	
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Principal Place of Business 3400 EAST LAFAYETTE DETROIT, MI 48207	Mailing Address 3400 EAST LAFAYETTE DETROIT, MI 48207
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04112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3539151	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ATHAN, G. HELEN 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES, FL 34108
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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

1100000537618
05/03/06-00025-020 150.00

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	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bryant M. Frank 4119106
Date Daytime Phone #