

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K23076

Entity Name: NORTH AMERICAN PROPERTIES - SOUTHEAST, INC.**Current Principal Place of Business:**7500 COLLEGE PARKWAY
FT. MYERS, FL 33907**Current Mailing Address:**7500 COLLEGE PARKWAY
FT. MYERS, FL 33907**FEI Number: 31-1239448****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAFELE, DALE G
7500 COLLEGE PARKWAY
FT. MYERS, FL 33907 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VD
Name	WILLIAMS, THOMAS L
Address	212 E. THIRD ST SUITE 300
City-State-Zip:	CINCINNATI OH 45202

Title	VD
Name	WILLIAMS, JOSEPH WJR.
Address	212 E THIRD ST STE 300
City-State-Zip:	CINCINNATI OH 45202

Title	DPS
Name	HAFELE, DALE G
Address	7500 COLLEGE PARKWAY
City-State-Zip:	FT. MYERS FL 33907

Title	V
Name	MCINTYRE, SHAWN R
Address	7500 COLLEGE PARKWAY
City-State-Zip:	FORT MYERS FL 33907

Title	T/AS
Name	RILEY, KEVIN P
Address	212 E. THIRD STREET SUITE 300
City-State-Zip:	CINCINNATI OH 45202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN P. RILEY**TREASURER****04/21/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date