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May 04, 1999 8:00 am
Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000004031

1. Corporation Name
SUNTREE SQUARE, INC.

Principal Place of Business
% NORTH AMERICAN PROPERTIES OF S. FLORIDA
12995 S. CLEVELAND AVE., SUITE 214
FORT MYERS FL 33907

Mailing Address
% NORTH AMERICAN PROPERTIES OF S. FLORIDA
12995 S. CLEVELAND AVE., SUITE 214
FORT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1992

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

30

Country

4. FEI Number

65-0373493

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HAFELE, DALE G
% NORTH AMERICAN PROPERTIES OF S. FLORIDA
12995 S. CLEVELAND AVE., SUITE 214
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLIAMS, THOMAS L
STREET ADDRESS 212 E. 3RD ST., SUITE 300
CITY-ST-ZIP CINCINNATI OH

☐ DELETE

TITLE SD
NAME WILLIAMS, WILLIAM J JR.
STREET ADDRESS 212 E. 3RD ST., SUITE 300
CITY-ST-ZIP CINCINNATI OH

☒ DELETE

TITLE VD
NAME GROTE, RICHARD W
STREET ADDRESS 5240 LESTER RD., #200
CITY-ST-ZIP CINCINNATI OH

☐ DELETE

TITLE VD
NAME HAFELE, DALE G
STREET ADDRESS 12995 S. CLEVELAND AVE., #214
CITY-ST-ZIP FT MYERS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE SD
2.2 NAME WILLIAMS, W. JOSEPH, JR.
2.3 STREET ADDRESS 212 E. THIRD ST., STE 300
2.4 CITY-ST-ZIP CINCINNATI, OH 45202

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE O
5.2 NAME SPREHN, SUSAN M
5.3 STREET ADDRESS 12995 S. CLEVELAND AVE., STE 214
5.4 CITY-ST-ZIP FT. MYERS, FLORIDA 33907

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 941-28-1121
Date Daytime Phone

CR2E034 (11/98)