2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000004031

Entity Name: SUNTREE SQUARE, INC.

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
7500 COLL	AMERICAN PF EGE PARKWA RS, FL 33907	ROPERTIES-SOUTHEAST,INC. Y				
Current Mailing Address:			New Mailir	New Mailing Address:		
% NORTH AMERICAN PROPERTIES-SOUTHEAST,INC. 7500 COLLEGE PARKWAY FORT MYERS, FL 33907						
FEI Number:	65-0373493	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Address of	New Registered Agent:	
HAFELE, DALE G % NORTH AMERICAN PROPERTIES-SOUTHEAST,INC. 7500 COLLEGE PARKWAY FORT 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	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () E WILLIAMS, THOI 212 E. 3RD ST., CINCINNATI, OH	SUITE 300	Title: Name: Address: City-St-Zip:	WILLIAMS, T	ST., SUITE 300	
Title: Name: Address: City-St-Zip:	SD () I WILLIAMS, W. J 212 E. 3RD ST., CINCINNATI, OH	SUITE 300	Title: Name: Address: City-St-Zip:	(()Change ()Addition	
Title: Name: Address: City-St-Zip:	VD () E GROTE, RICHAR 5240 LESTER R CINCINNATI, OH	D., #200	Title: Name: Address: City-St-Zip:	VD (GROTE, RICH 5240 LESTER CINCINNATI,	R RD., #200	
Title: Name: Address: City-St-Zip:	VD () I HAFELE, DALE (12995 S. CLEVE FT MYERS, FL		Title: Name: Address: City-St-Zip:	HAFELE, DAI	GE PARKWAY	
Title: Name: Address: City-St-Zip:	SPREHN, SUSAN	LAND AVE STE 214	Title: Name: Address: City-St-Zip:	SPREHN, SU	GE PARKWAY	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SUSAN M. SPREHN V 04/27/2005