

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000062877

FILED  
Apr 26, 2010  
Secretary of State

Entity Name: NORTHGATE SQUARE, INC.

## Current Principal Place of Business:

% NORTH AMERICAN PROPERTIES OF S. FL.  
7500 COLLEGE PARKWAY  
FORT MYERS, FL 33907

## New Principal Place of Business:

## Current Mailing Address:

% NORTH AMERICAN PROPERTIES OF S. FL.  
7500 COLLEGE PARKWAY  
FORT MYERS, FL 33907

## New Mailing Address:

FEI Number: 65-0440173

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAFELE, DALE G  
% NORTH AMERICAN PROPERTIES OF S. FLORIDA  
7500 COLLEGE PARKWAY  
FORT MYERS, FL 33907 US

## Name and Address of New Registered Agent:

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:

Title: PD  
Name: WILLIAMS, THOMAS L  
Address: 212 E. 3RD ST., SUITE 300  
City-St-Zip: CINCINNATI, OH

Title: SD  
Name: WILLIAMS, JOSEPH W JR.  
Address: 212 E. 3RD ST., SUITE 300  
City-St-Zip: CINCINNATI, OH 45202

Title: V  
Name: RILEY, KEVIN P  
Address: 212 E. 3RD ST., SUITE 300  
City-St-Zip: CINCINNATI, OH 45202

Title: VD  
Name: HAFELE, DALE G  
Address: 7500 COLLEGE PARKWAY  
City-St-Zip: FT MYERS, FL

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: THOMAS L. WILLIAMS

PD

04/26/2010

Electronic Signature of Signing Officer or Director

Date