2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P96000044972

Entity Name: WEST TAMPA, INC.

Current Principal Place of Business:

%N. AMERICAN PROPERTIES-SOUTHEAST, INC.
7500 COLLEGE PARKWAY
FT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

%N. AMERICAN PROPERTIES-SOUTHEAST, INC.
7500 COLLEGE PARKWAY
FT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-0679864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAFELE, DALE G
7500 COLLEGE PARKWAY
FT. 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	WILLIAMS, WILLIAM J JR	
Address:	212 E THIRD ST, SUITE 300	
City-St-Zip:	CINCINNATI, OH 45202	
Title:	D	( ) Delete
Name:	WILLIAMS, THOMAS L	
Address:	212 E THIRD ST STE 300	
City-St-Zip:	CINCINNATI, OH 45202	
Title:	O	( ) Delete
Name:	RILEY, KEVIN P	
Address:	212 E THIRD ST STE 300	
City-St-Zip:	CINCINNATI, OH 45202	
Title:	D	( ) Delete
Name:	GROTE, THOMAS D	
Address:	5240 LESTER ROAD, SUITE 200	
City-St-Zip:	CINCINNATI, OH 452132586	
Title:	VSD	( ) Delete
Name:	HAFELE, DALE G	
Address:	7500 COLLEGE PARKWAY	
City-St-Zip:	FT. MYERS, FL	
Title:	O	( ) Delete
Name:	SPREHN, SUSAN M	
Address:	7500 COLLEGE PARKWAY	
City-St-Zip:	FT MYERS, FL 33907	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V	(X) Change ( ) Addition
Name:	RILEY, KEVIN P	
Address:	212 E THIRD ST STE 300	
City-St-Zip:	CINCINNATI, OH 45202	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KEVIN P RILEY V 05/01/2009

Electronic Signature of Signing Officer or Director — Date