

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000044972

Entity Name: WEST TAMPA, INC.

FILED
Apr 27, 2010
Secretary of State

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: WILLIAMS, WILLIAM J JR
Address: 212 E THIRD ST, SUITE 300
City-St-Zip: CINCINNATI, OH 45202

Title: D
Name: WILLIAMS, THOMAS L
Address: 212 E THIRD ST STE 300
City-St-Zip: CINCINNATI, OH 45202

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

Title: D
Name: GROTE, THOMAS D
Address: 5240 LESTER ROAD, SUITE 200
City-St-Zip: CINCINNATI, OH 452132586

Title: VSD
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: KEVIN P. RILEY

VP

04/27/2010

Electronic Signature of Signing Officer or Director

_____ Date