

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90106 002 ***150.00

DOCUMENT # P97000040897

1. Corporation Name

OAKTON LAKES SQUARE, INC.

Principal Place of Business

% NORTH AMERICAN PROPERTIES-SOUTHEAST, INC
12995 S CLEVELAND AVE. S-214
FT MYERS FL 33907

Mailing Address

% NORTH AMERICAN PROPERTIES-SOUTHEAST, INC
12995 S CLEVELAND AVE. S-214
FT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1997

4. FEI Number

65-0755988

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAFELE, DALE G

% NORTH AMERICAN PROPERTIES-SOUTHEAST, INC
12995 S CLEVELAND AVE. S-214
FT MYERS FL 33907

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME WILLIAMS, THOMAS L
STREET ADDRESS 212 E. 3RD ST, SUITE 300
CITY-ST-ZIP CINCINNATI OH 45202

TITLE D ☐ DELETE
NAME WILLIAMS, W. JOSEPH
STREET ADDRESS 212 E. 3RD ST, SUITE 300
CITY-ST-ZIP CINCINNATI OH 45202

TITLE D ☐ DELETE
NAME GROTE, RICHARD W
STREET ADDRESS 212 E. 3RD ST, SUITE 300
CITY-ST-ZIP CINCINNATI OH 45202

TITLE D ☐ DELETE
NAME GROTE, THOMAS D
STREET ADDRESS 212 E. 3RD ST, SUITE 300
CITY-ST-ZIP CINCINNATI OH 45202

TITLE O ☐ DELETE
NAME HAFELE, DALE G
STREET ADDRESS 12995 S. CLEVELAND AVE. STE. 14
CITY-ST-ZIP FORT MYERS FL 33907

TITLE O ☐ DELETE
NAME SPREHN, SUSAN M
STREET ADDRESS 12995 S. CLEVELAND AVE. STE. 14
CITY-ST-ZIP FORT MYERS FL 33907

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

941-28-1121

Daytime Phone

CR2E034 (11/98)