

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # F53107 1. Entity Name HIGH POINT GOLF COURSE, INC.	
--	---

Principal Place of Business 1175 NE 125TH ST SUITE 102 N MIAMI, FL 33161	Mailing Address 1175 NE 125TH ST SUITE 102 N MIAMI, FL 33161
---	---

DO NOT WRITE IN THIS SPACE



02112008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2148527	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TATE, J KENNETH
1175 NE 125 ST
SUITE 102
N MIAMI, FL 33161

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when renating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

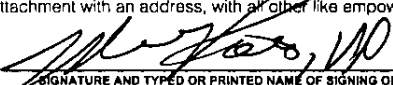
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD TATE, J KENNETH 1175 NE 125 ST, STE 102 N MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TATE, JAMES D 1175 NE 125 ST, STE 102 N MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TATE, STANLEY G 1175 NE 125 ST, STE 102 N MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SOMERSTEIN, BARRY E 1175 NE 125 ST, STE 102 N MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000906420
05/02/08-80021-019 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  J. Kenneth Tate, VP **4/11/08** **305-891-1107**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #