

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90270 002 \*\*\*\*61.25

**DOCUMENT # 719728**

1. Entity Name  
**HIGH POINT COUNTRY CLUB, GROUP ONE, INC.**



Principal Place of Business  
**5 HIGH POINT CIRCLE  
NAPLES, FL 34103 US**

Mailing Address  
**POST OFFICE BOX 8478  
NAPLES, FL 34101-8478 US**

**60027149**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-1751835**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANDCASTLE COMMUNITY MANAGEMENT, INC.  
C/O EDUARDO DE ARMAS  
1719 TRADE CENTER WAY, #4  
NAPLES, FL 34109**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME HILLMAN, RALPH  
STREET ADDRESS 5 HIGH POINT CIR W #106  
CITY-ST-ZIP NAPLES, FL 34103

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME KNOHL, RUDOLPH  
STREET ADDRESS 5 HIGH POINT CIR W #313  
CITY-ST-ZIP NAPLES, FL 34103

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME CLIFFORD, JOSEPH  
STREET ADDRESS 5 HIGH POINT CIRCLE W #203  
CITY-ST-ZIP NAPLES, FL 34103

TITLE ☐ Change ☒ Addition  
NAME *SD At Slater*  
STREET ADDRESS *5 High Point Circle W. #310*  
CITY-ST-ZIP *Naples, FL 34103*

TITLE TD ☐ Delete  
NAME FURMAN, THERESA  
STREET ADDRESS 5 HIGH POINT CIRCLE W. #204  
CITY-ST-ZIP NAPLES, FL 34103

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME FELLOWS, JOAN  
STREET ADDRESS 5 HIGH POINT CIR W #105  
CITY-ST-ZIP NAPLES, FL 34103

TITLE ☐ Change ☒ Addition  
NAME *D Bill Adams*  
STREET ADDRESS *5 High Point Circle W # 108*  
CITY-ST-ZIP *Naples, FL 34103*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 617, 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 IRO empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Theresa Furman*  
*4/11/06 239-596-7200*