

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90158 001 ****61.25

DOCUMENT # 719728

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



Principal Place of Business
SANDCASTLE COMMUNITY MGMT.
NAPLES, FL 34109 US

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

40094330



2. Principal Place of Business, No P.O. Box #
c/o Resort Management
Suite, Apt. #, etc.
2685 Horseshoe Dr. S. #215
City & State
Naples, FL
Zip
34104 Country
Collier

3. Mailing Address
c/o Resort Management
Suite, Apt. #, etc.
2685 Horseshoe Dr. S. #215
City & State
Naples, FL
Zip
34104 Country
Collier

01312008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1751835 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Theresa Furman
Street Address (P.O. Box Number is Not Acceptable)
5 High Point Circle W. #204
City
Naples FL Zip Code
34103

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 **Theresa Furman** **Theresa Furman** **4/2/08**
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, 2008

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
VP	HILLMAN, RALPH	5 HIGH POINT CIR W #106	NAPLES, FL 34103	<input type="checkbox"/>
P	KNOHL, RUDOLPH	5 HIGH POINT CIR W #313	NAPLES, FL 34103	<input type="checkbox"/>
S	JACKSON, JEANNE	5 HIGH POINT CIR 111	NAPLES, FL 34103	<input type="checkbox"/>
TD	FURMAN, THERESA	5 HIGH POINT CIRCLE W. #204	NAPLES, FL 34103	<input type="checkbox"/>
D	ADAMS, BILL	5 HIGH POINT CIRCLE W #108	NAPLES, FL 34103	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D				<input checked="" type="checkbox"/>
T				<input checked="" type="checkbox"/>
D	Randolph, S. Randolph	5 High Point Circle West #308	Naples, FL 34103	<input checked="" type="checkbox"/>
P				<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 like empowered.

SIGNATURE: **Theresa Furman** **Theresa Furman** **4/2/08** **649-6716**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Theresa Furman
President