

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719728

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. #215
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. #215
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 59-1751835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FURMAN, THERESA
5 HIGH POINT CIRCLE N. #204
NAPLES, FL 34103 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HILLMAN, RALPH
Address: 5 HIGH POINT CIR W #106
City-St-Zip: NAPLES, FL 34103

Title: T () Delete
Name: KNOHL, RUDOLPH
Address: 5 HIGH POINT CIR W #313
City-St-Zip: NAPLES, FL 34103

Title: S () Delete
Name: JACKSON, JEANNE
Address: 5 HIGH POINT CIR 111
City-St-Zip: NAPLES, FL 34103

Title: P () Delete
Name: FURMAN, THERESA
Address: 5 HIGH POINT CIRCLE W. #204
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: RANDON, RANDOLPH S
Address: 5 HIGH POINT CIRCLE WEST #308
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: HILLMAN, RALPH
Address: 5 HIGH POINT CIR W #106
City-St-Zip: NAPLES, FL 34103

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SLATER, PAT
Address: 5 HIGH POINT CIR WEST #310
City-St-Zip: NAPLES, FL 34103

Title: D (X) Change () Addition
Name: FURMAN, THERESA
Address: 5 HIGH POINT CIRCLE W. #204
City-St-Zip: NAPLES, FL 34103

Title: P (X) Change () Addition
Name: RANDON, RANDOLPH S
Address: 5 HIGH POINT CIRCLE WEST #308
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THERESA FURMAN

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date