FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 23 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 125478

1. Corporation Name

High Point Country Club, Group Two
A Condominium

Principal Place of Business	Mailing Address
53 High Point Circle Naples, FL 33940	c/o Seaside Prop. Mgmnt. 4100 Corporate Sq. #157 Naples, FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 7/29/74
3a. Date of Last Report:
4. FEI Number: 59-1977501 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

Beverly Adamczewski
SeaSide Property Management
4100 Corporate Square, Suite 157
Naples, FL 33942

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when mandatory) (DATE)
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	☐ Change ☐ Addition
NAME	Clark Arnott	12 NAME	100001439261
STREET ADDRESS	53 High Point Circle #211	13 STREET ADDRESS	-03/24/95--01074--002
CITY-ST-ZIP	Naples, FL 33940	14 CITY-ST-ZIP	****130.00 ****130.00
TITLE	V/D	21 TITLE	☐ Change ☐ Addition
NAME	Mary Jane Kelman	22 NAME	
STREET ADDRESS	53 High Point Circle #206	23 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 33940	24 CITY-ST-ZIP	
TITLE	S/D	31 TITLE	☐ Change ☐ Addition
NAME	Eleanora Kremer	32 NAME	
STREET ADDRESS	53 High Point Circle #303	33 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 33940	34 CITY-ST-ZIP	
TITLE	T/D	41 TITLE	☒ Change ☐ Addition
NAME	Harry Summers	42 NAME	
STREET ADDRESS	53 High Point Circle #312	43 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 33940	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☒ Addition
NAME	Frances Jaworek	52 NAME	3/28/95 mst
STREET ADDRESS	53 High Point Circle #301	53 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 33940	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☒ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra B Mortham — Secretary — 3/17/95 — 813 643-0650.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR