FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 725478 (2)

1. Corporation Name

HIGH POINT COUNTRY CLUB GROUP TWO, INC.

Principal Place of Business	Mailing Address
53 HIGH POINT CIRCLE NAPLES FL 33940 US	C/O SEASIDE PROP. MGMNT. 4100 CORPORATE SQ. #157 NAPLES FL 33942 US

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

3. Date Incorporated or Qualified: 02/06/1973

3a. Date of Last Report: 03/23/1995

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ASAMCZEWSKI, BEVERLY
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CLARK, ARNOTT		1.2 NAME	
STREET ADDRESS	53 HIGH POINT CIRCLE 211		1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JAWOREK, FRANCES		2.2 NAME	
STREET ADDRESS	53 HIGH POINT CIRCLE # 301		2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KREMER, ELEANORA		3.2 NAME	
STREET ADDRESS	53 HIGH PT CIR W 303		3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KELMAN MARY JANE		4.2 NAME	
STREET ADDRESS	53 HIGH POINT CIRCLE 206		4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SUMMERS, HARRY		5.2 NAME	
STREET ADDRESS	53 HIGH POINT CIRCLE 312		5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (12/95)

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)(k), 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: Beverly A Arnott - Pres. 3/13/96

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