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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
1044 CASTELLO DR STE 206 NAPLES FL 34103 US	1044 CASTELLO DR STE 206 NAPLES FL 34103 US

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

SOUTHWEST PROPERTY MANAGEMENT CORP
1044 CASTELLO DR STE 206
NAPLES FL 34103

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

12. OFFICERS AND DIRECTORS			13. OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	KELMAN, MARY JANE		1.2 NAME	Drago, Fred	
STREET ADDRESS	53 HIGH POINT CIRCLE 206		1.3 STREET ADDRESS	53 High Point Circle W. #109	
CITY-ST-ZIP	NAPLES FL 34103		1.4 CITY-ST-ZIP	Naples, FL 34103	
TITLE	VTD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	SUMMERS, HARRY		2.2 NAME		
STREET ADDRESS	53 HIGH POINT CIRCLE #202		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	KREMER, ELEANORA		3.2 NAME	Travis, Mark	
STREET ADDRESS	53 HIGH POINT CIRCLE #305		3.3 STREET ADDRESS	53 High Point Circle #201	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Naples, FL 34103	
TITLE	D	☐ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	JAWOREK, FRANCES		4.2 NAME		
STREET ADDRESS	53 HIGH POINT CIRCLE #301		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	VP/T/D	☒ Change ☐ Addition
NAME	MC NEIL, CLAIR		5.2 NAME		
STREET ADDRESS	53 HIGH POINT CIRCLE #302		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 (10/97)

14. I hereby certify that the information supplied with this filing 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: _____ 4/9/98