2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 04, 2006 8:00 am Secretary of State **DOCUMENT # 725478** 1. Entity Name 04-04-2006 90142 006 ****61.25 HIGH POINT COUNTRY CLUB GROUP TWO, INC. Principal Place of Business Mailing Address % GULF VIEW PROPERTY MANAGEMENT 2335 9TH ST., N., SUITE 505 NAPLES FL 34103 % GULF VIEW PROPERTY MANAGEMENT 2335 9TH ST., N., SUITE 505 NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State 4. FEI Number City & State 59-1630145 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GULF VIEW PROPERTY MGMT, INC. Street Address (P.O. Box Number is Not Acceptable) 2335 9TH STREET N SUITE 505 NAPLES FL 34103 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. VPD **y**☐ Change ☐ Delete Addition TITLE TITLE D DRAGO, FRED NAME NAME STREET ADDRESS 53 HIGH POINT CIR W, #109 STREET ADDRESS NAPLES FL 34103 CITY - ST-ZIF CITY-ST-ZIP SD Change ☐ Addition TITLE ☐ Defete TITLE PDS JACOBS, DONALD NAME 53 HIGH POINT CR W 111 STREET ADDRESS STREET ADDRESS NAPLES FL 34103 CITY-ST-ZIP CITY-ST-ZIP noilibbA 🔲 V Channe TITLE Delete. ٧PD SMITH, ROBERT NAME NAME 53 HIGH POINT CR 207 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE STD TITLE NAME JAWOREK, FRANCES NAME 53 HIGH POINT CR, #211 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE TITLE SUMMERS, HELEN NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of truslee empowered to execute this coort 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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Defete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

TITLE NAME 53 HIGH POINT CIR W #202

NAPLES FL 34103

☐ Change

☐ Addition

FILED