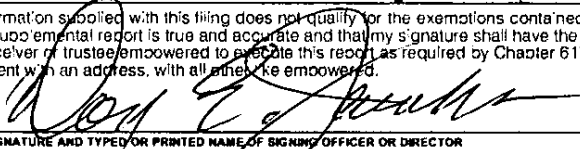


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90021 044 ****61.25

DOCUMENT # 725478 1. Entity Name HIGH POINT COUNTRY CLUB GROUP TWO, INC.					
Principal Place of Business % GULF VIEW PROPERTY MANAGEMENT 2335 9TH ST., N., SUITE 505 NAPLES, FL 34103 US			Mailing Address % GULF VIEW PROPERTY MANAGEMENT 2335 9TH ST., N., SUITE 505 NAPLES, FL 34103 US		
2. Principal Place of Business No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-1630145	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GULF VIEW PROPERTY MGMT, INC. 2335 9TH STREET N SUITE 505 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 _____ DATE _____ Signature typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent's signature required when registering)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAGO, FRED 53 HIGH POINT CIR W, #109 NAPLES, FL 34103 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DRAGO, FRED, 53 HIGH POINT CIR #109, NAPLES FL 34103 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS JACOBS, DONALD 53 HIGH POINT CR W 111 NAPLES, FL 34103 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, ROBERT 53 HIGH POINT CR 207 NAPLES, FL 34103 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, ROBERT, 53 HIGH POINT CIR #207, NAPLES FL 34103 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JAWOREK, FRANCES 53 HIGH POINT CR, #211 NAPLES, FL ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUMMERS, HELEN 53 HIGH POINT CIR W #202 NAPLES, FL 34103 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATWOOD, CHARLES, 53 HIGH POINT CIR #312, NAPLES FL 34103 ☐ Change ☒ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  4/9/08 239 403 7991 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					