


ENTERED OCT 31 2006

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SECRETARY
DIVISION

06 OCT 31 AM 10:57

| | | | | | |
|--|--|--|---|---|--|
| DOCUMENT # 728368 1. Entity Name HIGH POINT COUNTRY CLUB, GROUP FOUR, INC. | | | |  | |
| Principal Place of Business 1044 CASTELLO DR, STE 206 NAPLES, FL 34103 US | | | | Mailing Address 1044 CASTELLO DR, STE 206 NAPLES, FL 34103 US | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address c/o Resort Management 2685 S. Horseshoe Dr #215 | | | |
| City & State Naples FL | | 4. FEI Number 59-1855124 | | | |
| Zip 34104 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SOUTHWEST PROPERTY MGMT CORP 1044 CASTELLO DRIVE #206 NAPLES, FL 34103 | | | | 7. Name and Address of New Registered Agent Name: Thomas McBride Street Address: 13 High Point Circle #304 City: NAPLES FL Zip Code: 34103 | |
| 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: <u>Thomas S. McBride</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE: <u>10/27/2006</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50 | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | 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 DOERNER, GEORGE 13 HIGH POINT CIRCLE NORTH, #305 NAPLES, FL 34103 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 200081372512 10/31/06--01057--007 \$61.25 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MCBRIDE, THOMAS 13 HIGH POINT CIRCLE #304 & 203 NAPLES, FL 34103 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD FOSS, EDWARD 13 HIGH PT.CIR.N.#306 NAPLES, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MILLER, DOROTHY 13 HIGH POINT CR 106 NAPLES, FL 34103 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SMITH, GARY 13 HIGH POINT CIR #202 NAPLES, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARRIS, FRANK 13 HIGH POINT CIR, #101 NAPLES, FL 34103 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Thomas McBride</u> THOMAS MCBRIDE | | | | Date: <u>10/16/2006</u> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | <small>Daytime Phone: #</small> | |

REINSTATEMENT 06



10032006 REIN-NP CR2E099 (11/05)

\$8.75 Additional Fee Required

FL 34103

DATE

Make check payable to
Florida Department of State

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