FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

HIGH POINT COUNTRY CLUB, GROUP FIVE, INC.

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Principal Plac	e of Business	Mailing Address			-{	<u>Bur olgal oldar oldar ereta heda</u>
C/O INTEGRATED PROPERTY MGMT 3435 10TH ST N #201 NAPLES FL 33940 US		C /O INTEGRATED DOOR	C/O INTEGRATED PROPERTY MGMT. 3435 10TH ST N #201 NAPLES FL 33940 US		<u> </u>	
					3. Date Incorporated or Qualified	
		NAPLES FL 33940			12/12/1973 4. FEI Number	
		US				Applied For
2 Principal P	lace of Business	2a. Mailing Address			59-1909895	Not Applicable
21		26	——————————————————————————————————————		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 May Be
City & State		City # State	City & State		Trust Fund Contribution	
23		28	28		7, Is this nonprofit corporation a homeowners association? Yes No	
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the cu	
24	25	29	30			Yes No
9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name						
				Name NEW	VELLS, SCOTT C.	
MELLON, JACK C				82 Street Address (P.O. Box Number is Not Acceptable)		
844 ANCHOR RODE DR				7337	o bourns beautiful.	
NAPLES FL 33940				SUITE	= 10%	
1			ī	4 City		85 Zip Code 3
				100	OMA SPRINGS . FL	
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 fartilliar with aged accept the obligations of, Section 617.0503, Florida Statutes.						
agent I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.						
I SIGNATURE WORK). HELLINGUE (FA SCOTT D. HENNELLS 41618						
12.		agent and title if applicable. (N AND DIRECTORS	OTE: Registered .	Agent signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	DIDECTORS IN 12
TITLE	D	DELETE	1,1 701	E PO		Change Addition
NAME	Wise, Ken	Z3 Dilli	12 NAM	. 170		—
	49 HIGH POINT CIRCLE S.			1 1 1 1 1		. #201
STREET ADDRESS	NAPLES FL	•			APLES FL 34103	
CITY-ST-ZIP TITLE	D D	DELETE	1.4 Cm 2.1 T/L		`	Change Addition
Į.	T	_ vittit	2.1 IIIL	. 0.0	INGARANTE THOMAS	
NAME	HAPGOOD, ALFRED	^i mu		* D	9 HIGH POINT CIRCLE S	, 43 04
STREET ADDRESS	49 HIGHPOINT CIRCLE, SC	DUIN		EET ADDRESS	PLES FL 34103	
CITY-ST-ZIP	NAPLES, FL 00000	☐ DELETE	2. 4 CIT		<u> </u>	Change Addition
TITLE		C better	3.1 IHL	145	WAY ADTHING	
NAME	DONOVAN, JOSEPH	ALITU .				5. #109
STREET ADDRESS	49 HIGH POINT CIRCLE SO	חוטט				
CITY-ST-ZIP TITLE	NAPLES, FL 00000 VDS	DELETE.	3.4. CIT 4.1 TITL			Change Addition
NAME		Las occere	4. F IIIL		MANNI MARAH	
1	FILER, FRANK 49 HIGH POINT CIR. S.			EET ADDRESS	9 HIGH POINT CIRCLE S	1. #207
STREET ADDRESS	NAPLES, FL 00000					l
CITY-ST-ZIP TITLE	PD	DELETE	4.4 GITS 5.1 TITL		10 FL 34103	Change Addition
NAME	BRINGARONER, THOMAS		5.2 NAM			
STREET ADDRESS	49 HIGH POINT CIR S			EET ADDRESS	HIGH POINT CIRCLE S	· # 308
	NAPLES, FL 00000			l. 167.	2.1122	
CITY-ST-ZIP	INTLES, FL WWW	DELETE	5.4 CITY 6.1 TITL		APLES FL 34103	Change Addition
		₩ DETEIE	6.1 IIIL	1		E outrido E vonition
NAME						
STREET ADDRESS			6.3 STR	EET ADDRESS		

14. I hereby certify that the information supplied with this filling 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4/9/98

FILED

Apr 17 1998 8:00am

Secretary of State

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