

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90038 027 ****61.25

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DOCUMENT # 728369 1. Entity Name HIGH POINT COUNTRY CLUB, GROUP FIVE, INC.					
Principal Place of Business C/O INTEGRATED PROPERTY MGMT 3435 10TH ST N #201 NAPLES, FL 33940 US			Mailing Address C/O INTEGRATED PROPERTY MGMT. 3435 10TH ST N #201 NAPLES, FL 33940 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03302004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-1909895	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HENNELLS, SCOTT C 9220 BONITA BEACH RD, SUITE 108 BONITA SPRINGS, FL 33923				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		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	DP		TITLE	☐ Change ☐ Addition	
NAME	HAPGOOD, ALFRED		NAME		
STREET ADDRESS	49 HIGH POINT CIRCLE S #201		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	DV		TITLE	☐ Change ☐ Addition	
NAME	BRINGARDNER, THOMAS		NAME		
STREET ADDRESS	49 HIGH POINT CIRCLE S #304		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	DV		TITLE	☐ Change ☐ Addition	
NAME	BRUNO, ARTHUR		NAME		
STREET ADDRESS	49 HIGH POINT CIRCLE S #304		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	DST		TITLE	☐ Change ☐ Addition	
NAME	HENSLEY, FLEDA		NAME		
STREET ADDRESS	49 HIGH POINT CIRCLE S #308		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	DVP		TITLE	☐ Change ☐ Addition	
NAME	ROBINSON JR, CHARLES		NAME		
STREET ADDRESS	49 HIGH POINT CIRCLE S #303		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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: <i>Alfred Hapgood</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <i>4/9/04</i>		Daytime Phone #: <i>(239) 262-3913</i>