2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# 728369

Entity Name: HIGH POINT COUNTRY CLUB, GROUP FIVE, INC.

Current Principal Place of Business:

C/O CARDINAL MANAGEMENT GROUP
5067 TAMIAMI TRAIL EAST
NAPLES, FL 34113 US

New Principal Place of Business:

Current Mailing Address:

C/O CARDINAL MANAGEMENT GROUP
5067 TAMIAMI TRAIL EAST
NAPLES, FL 34113 US

New Mailing Address:

FEI Number: 59-1909895 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF
999 VANDERBILT BEACH ROAD
SUITE 501
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROGERS, BOB
Address: 49 HIGH POINT CIR S #205
City-St-Zip: NAPLES, FL 34103

Title: VP ( ) Delete
Name: COOPER, ROY
Address: 49 HIGH POINT CIR S #202
City-St-Zip: NAPLES, FL 34103

Title: VP ( ) Delete
Name: MCGEE, JOHN
Address: 49 HIGH POINT CIR S#209
City-St-Zip: NAPLES, FL 34103

Title: VP ( ) Delete
Name: ROGAN, PAUL
Address: 49 HIGH POINT CIRCLE S. #108
City-St-Zip: NAPLES, FL 34103

Title: ST ( ) Delete
Name: HAYES, BILL
Address: 49 HIGH POINT CIRCLES #302
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB ROGERS P 04/28/2009

Electronic Signature of Signing Officer or Director — Date