

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728370

FILED  
Apr 15, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2685 HORSHOE DR S #15  
C/O RESORT MANAGMENT  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

2685 HORSHOE DR S #15  
C/O RESORT MANAGMENT  
NAPLES, FL 34104 US

**New Mailing Address:**

FEI Number: 59-1900874

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCMULLEN, ROSEMARY  
45 HIGH POINT CIRCLE S. #108  
NAPLES, FL 34103 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: S ( ) Delete  
Name: RAMSEYER, KAY  
Address: 45 HIGH POINT CIR S #102  
City-St-Zip: NAPLES, FL 34103

Title: TD ( ) Delete  
Name: MCMULLEN, ROSEMARY  
Address: 45 HIGH POINT CR SOUTH # 108  
City-St-Zip: NAPLES, FL 34103

Title: VP ( ) Delete  
Name: HEALEY, HOWARD  
Address: 45 HIGH POINT CIR. S. #110  
City-St-Zip: NAPLES, FL 34103

Title: P ( ) Delete  
Name: WEBERT, MAURICE  
Address: 45 HIGH POINT CIR S #209  
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete  
Name: HOMMAND, HARRY  
Address: 45 HIGH POINT CIRCLE S. #303  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: MCMULLEN, ROSEMARY  
Address: 45 HIGH POINT CR SOUTH # 108  
City-St-Zip: NAPLES, FL 34103

Title: T (X) Change ( ) Addition  
Name: HEALEY, HOWARD  
Address: 45 HIGH POINT CIR. S. #110  
City-St-Zip: NAPLES, FL 34103

Title: D (X) Change ( ) Addition  
Name: WEBERT, MAURICE  
Address: 45 HIGH POINT CIR S #209  
City-St-Zip: NAPLES, FL 34103

Title: P (X) Change ( ) Addition  
Name: LAW, JAMES  
Address: 45 HIGH POINT CIRCLE S. #309  
City-St-Zip: NAPLES, FL 34103

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: KAY RAMSEYER

S

04/15/2009

Electronic Signature of Signing Officer or Director

Date