


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90019 050 \*\*\*\*61.25

<b>DOCUMENT # 728371</b>	
1. Entity Name <b>HIGH POINT COUNTRY CLUB, GROUP SEVEN, INC.</b>	

Principal Place of Business <b>2335 9TH STREET N STE 505 NAPLES FL 34103 US</b>	Mailing Address <b>2335 9TH ST N STE 505 NAPLES FL 34103 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent <b>GULF VIEW PROPERTY MGMT INC 2335 9TH ST N #505 NAPLES FL 34-10-3</b>	
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1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-1977503</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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7. Name and Address of New Registered Agent	
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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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 NAME STREET ADDRESS CITY - ST - ZIP	VPD SWIFT, NANCY 41 HIGH POINT CIR S #208 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	SD SAGLE, JOAN 41 HIGH POINT CR #304 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	D SHANNON, WILLIAM 41 HIGH POINT CIR S #104 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 LYNCH, TONIA 41 HIGH POINT CIRCLE #103 NAPLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MORRIS, JAMES 41 HIGH POINT CIRCLE S #310 NAPLES FL 34103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Tonia S. Lynch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-07

239-403-7991

Date

Daytime Phone #

ATTACHMENT

40056151

**2007 Not-For Profit Corporation  
Annual Report (AR)**

**High Point Country Club Group Seven, Inc.  
Document #728371**

**Additions to Directors and Officers in 10 Continued:**

**D**

**Shannon, Bill  
41 High Point Circle S #104  
Naples, FL 34103**

**D**

**Gnesda, Jill  
41 High Point Circle S #106  
Naples, FL 34103**

**SIGNATURE:**   
SIGNATURE & TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DATE:** 3/19/07

**DAYTIME PHONE NUMBER:** 239-403-7991