

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728371

FILED  
Mar 02, 2009  
Secretary of State

**Entity Name:** HIGH POINT COUNTRY CLUB, GROUP SEVEN, INC.

**Current Principal Place of Business:**

2335 9TH STREET N  
STE 505  
NAPLES, FL 34103 US

**New Principal Place of Business:**

41 HIGH POINT CIRCLE  
NAPLES, FL 34103 US

**Current Mailing Address:**

2335 9TH ST N  
STE 505  
NAPLES, FL 34103 US

**New Mailing Address:**

**FEI Number:** 59-1977503      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GULF VIEW PROPERTY MGMT INC  
2335 9TH ST N #505  
NAPLES, FL 34-103 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: VPD ( ) Delete  
Name: SWIFT, NANCY  
Address: 41 HIGH POINT CIR S #208  
City-St-Zip: NAPLES, FL 34103

Title: SD ( ) Delete  
Name: SAGLE, JOAN  
Address: 41 HIGH POINT CR #304  
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete  
Name: SHANNON, WILLIAM  
Address: 41 HIGH POINT CIR S #104  
City-St-Zip: NAPLES, FL 34103

Title: TD ( ) Delete  
Name: LYNCH, TONIA  
Address: 41 HIGH POINT CIRCLE #103  
City-St-Zip: NAPLES, FL

Title: PD ( ) Delete  
Name: ACHIM, ANDREE  
Address: 41 HIGHPOINT CIRCLE S. #101  
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete  
Name: PLATT, CARYN  
Address: 41 HIGH POINT CIRCLE S. #305  
City-St-Zip: NAPLES, FL 34103

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

Title: D (X) Change ( ) Addition  
Name: SWIFT, NANCY  
Address: 41 HIGH POINT CIR S #208  
City-St-Zip: NAPLES, FL 34103

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

Title: VPD (X) Change ( ) Addition  
Name: SHANNON, WILLIAM  
Address: 41 HIGH POINT CIR S #104  
City-St-Zip: NAPLES, FL 34103

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: TONIA LYNCH

TD

03/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date