FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:15

DOCUMENT # 728372 (4)

1. Corporation Name

HIGH POINT COUNTRY CLUB, GROUP EIGHT, INC.

Principal Place of Business	Mailing Address
17 HIGH POINT CIRCLE NAPLES FL 33940 US	4100 CORPORATE SQ 157 NAPLES FL 33942 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1973
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1977501 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ADAMCZEWSKI, BEVERLY
4100 CORPORATE SQ
SUITE 157
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	PEARLMAN, JEANNE	1.2 NAME	CAWTHRA, MARION	
STREET ADDRESS	17 HIGHPOINT CRL N #105	1.3 STREET ADDRESS	17 HIGH POINT CIRCLE 4202	
CITY-ST-ZIP	NAPLES, FL 00000	1.4 CITY-ST-ZIP	NAPLES, FL 33940	
TITLE	VD	2.1 TITLE		☒ Change ☐ Addition
NAME	CALVARESE, PHIL	2.2 NAME		
STREET ADDRESS	17 HIGH POINT CIRCLE #104	2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 00000	2.4 CITY-ST-ZIP	33940	
TITLE	PD	3.1 TITLE		☒ Change ☐ Addition
NAME	RICHMAN, KEN	3.2 NAME		
STREET ADDRESS	17 HIGH POINT CR #208	3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 00000	3.4 CITY-ST-ZIP	33940	
TITLE	VD	4.1 TITLE		☒ Change ☐ Addition
NAME	SMITH, BOB	4.2 NAME		
STREET ADDRESS	17 HIGH PT CRL N #206	4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	33940	
TITLE	TD	5.1 TITLE		☐ Change ☒ Addition
NAME	BEHRENS, WILLIAM	5.2 NAME		
STREET ADDRESS	17 HIGH POINT CR #208	5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	33940	
TITLE	D	6.1 TITLE	VD	☒ Change ☐ Addition
NAME	MCKINNEY, WILLIAM	6.2 NAME	PERRING, DALE	
STREET ADDRESS	1890 MISSION CR	6.3 STREET ADDRESS	17 HIGH POINT CIRCLE	
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	NAPLES, FL 33940	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bernette M. Spielman 3-3-95 813 643-0650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017110