

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

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90410 047 ****61.25

DOCUMENT # 728372

1. Entity Name

HIGH POINT COUNTRY CLUB, GROUP EIGHT, INC.



Principal Place of Business

17 HIGH POINT CIRCLE
NAPLES FL 34103
US

Mailing Address

2335 9T ST N
SUITE 505
NAPLES FL 34103

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1977501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GULF VIEW PROPERTY MANAGEMENT, INC.
2335 9TH ST N
SUITE 505
NAPLES FL 34103

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 re-registering)

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

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | PETERS, MARLENE | |
| STREET ADDRESS | 17 HIGHPOINT CIRCLE #309 | |
| CITY- ST- ZIP | NAPLES FL 34103 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DATZI, BEVERLY | |
| STREET ADDRESS | 17 HIGH POINT CIR. #302 | |
| CITY- ST- ZIP | NAPLES FL 34103 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KOHLMANN, KEITH | |
| STREET ADDRESS | 17 HIGH POINT CIR N #102 | |
| CITY- ST- ZIP | NAPLES FL 34103 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | LILLY, EDWARD | |
| STREET ADDRESS | 17 HIGH POINT CIR N #205 | |
| CITY- ST- ZIP | NAPLES FL 34103 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | NOVOTNY, RUTH | |
| STREET ADDRESS | 17 HIGH POINT CIR N., #204 | |
| CITY- ST- ZIP | NAPLES FL 34103 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | VP/D/T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-07 239-403-7991