2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State
05-23-2008 90021 032 ****61.25

DOCUMENT # 728372

1. Entity Name
HIGH POINT COUNTRY CLUB, GROUP EIGHT, INC.

Principal Place of Business	Mailing Address
17 HIGH POINT CIRCLE NAPLES, FL 34103 US	2335 9T ST N SUITE 505 NAPLES, FL 34103

01052008 Chg-NP CR2E037 (12/06)

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

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's signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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	SD PETERS, MARLENE 17 HIGHPOINT CIRCLE #309 NAPLES, FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D DATZI, BEVERLY 17 HIGH POINT CIR. #302 NAPLES, FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D KOHLMANN, KEITH 17 HIGH POINT CIR N #102 NAPLES, FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☒ Change ☐ Addition PD KOHLMAN, KEITH, 17 HIGH POINT CIRC #102, NAPLES FL 34103
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TD LILLY, EDWARD 17 HIGH POINT CIR N #205 NAPLES, FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☒ Change ☐ Addition VPTD LILLY, EDWARD, 17 HIGH POINT CIRC #205, NAPLES FL 34103
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD NOVOTNY, RUTH 17 HIGH POINT CIR N., #204 NAPLES, FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☒ Change ☐ Addition D NOVOTNY, RUTH, 17 HIGH POINT CIRC #204, NAPLES FL 3103
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 4/9/08 2394037991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #