2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90471 031 ****61.25

DOCUMENT # 728373 1. Entity Name				04-30-2007 90471 031 ****61.25				
HIGH POINT COUNTRY CLUB, GROUP NINE, INC.								
Principal Place 21 HIGH POI NAPLES, FL	NT CIR E P.	iling Address O BOX 8478 APLES, FL 34101-8478		6	004534	14		
2 Principal Place of Business - No P.O. Box # 3. Mailing Address Cloam (In the Community NGA) # 100, 130 84118								
Suite, Apt. #, etc. 17 19 Trace Center Way # 4 Suite, Apt. #, etc. 17 19 City & State 1 City & State 1			·, .		g-NP	CR2E037 (12/06)		
Naples	,FI. N	City & State CI.		4. FEI Number 59-2167448	<u> </u>	N	pplied For ot Applicable	
34100		101-8478 (SA	5. Certificate of State		\$8.75 Ad Fee Require		
	6. Name and Address of Current Regist	ered Agent	Name	7. Name and Addre	ess of New Re	gistered Agent		
THOMAS, BRAD C/O SANDCASTLE COMMUNITY MANAGEMENT INC				Street Address (P.O. Box Number is Not Acceptable)				
NAPLES,	DE CENTER WAY #4 FL 34109							
			City			FL Zip Coo	de	
	named entity submits this statement for the prions of registered agent.	urpose of changing its reg	sistered office or regist	tered agent, or both, in the	ne State of Flor	ida. 1 am familiar with	, and accept	
SIGNIATURE								
SIGNATURE .	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Rec	gistered Agent signature requi	ired when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered agent and title if Filling Fee is \$61.25 Due by May 1, 2007	applicable. (NOTE: Reg 9. Election Campai Trust Fund Cont	ign Financing	\$5.00 May Be Added to Fees		DATE ske check payable to da Department of S		
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRECTO	9. Election Campai Trust Fund Cont	ign Financing	\$5.00 May Be	Florid	ske check payable t da Department of S	State	
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12. I hereby certify that the information supplied with this filling 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 his 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 ampowered.

SIGNATURE:

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR