2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#728373

FILED Mar 22, 2011 Secretary of State

Entity Name: HIGH POINT COUNTRY CLUB, GROUP NINE, INC.

New Principal Place of Business: Current Principal Place of Business:

C/O SANDCASTLE MGMT 1719 TRADE CENTER WAY #4 NAPLES, FL 34109

Current Mailing Address: New Mailing Address:

C/O SANDCASTLE MANAGEMENT 1719 TRADE CENTER WAY #4 NAPLES, FL 34109

FEI Number: 59-2167448 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

THOMAS, BRAD OPPIE, CAROLYN C/O SANDCASTLE COMMUNITY MANAGEMENT

C/O SÁNDCASTLE COMMUNITY MANAGEMENT

1719 TRADE CENTER WAY #4 1719 TRADE CENTER WAY #4 NAPLES, FL 34109 US NAPLES, FL 34109 US

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: CAROLYN OPPIE 03/22/2011

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

MARINO, FRANK Name:

Address: 1719 TRADE CENTER WAY #4

City-St-Zip: NAPLES, FL 34109

Title:

Name: WILKIE, ADAM

Address: 1719 TRADE CENTER WAY #4

City-St-Zip: NAPLES, FL 34109

Title:

WARD, ARCHIE D Name:

1719 TRADE CENTER WAY #4 Address:

City-St-Zip: NAPLES, FL 34109

Title: PD

Name: HINCHEY, SAMUEL

1719 TRADE CENTER WAY #4 Address:

City-St-Zip: NAPLES, FL 34109

VPD Title:

DUNKEL, THOMAS Name:

1719 TRADE CENTER WAY #4 Address:

City-St-Zip: NAPLES, FL 34109

I hereby 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 all other like empowered.

SIGNATURE: SAMUEL HINCHEY PD 03/22/2011