

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90188 008 \*\*\*\*61.25

<b>DOCUMENT # 728374</b> 1. Entity Name HIGH POINT COUNTRY CLUB, GROUP TEN, INC.					
Principal Place of Business 29 HIGH POINT CIR. E. NAPLES, FL 34103 US			Mailing Address PO BOX 8478 NAPLES, FL 34101 US		
2. Principal Place of Business - No P.O. Box # do Resort Management 2685 Horseshoe Dr. S. #215 Naples, FL		3. Mailing Address do Resort Management 2685 Horseshoe Dr. S. #215 Naples, FL			
City & State Naples, FL		City & State Naples, FL		04012008 Chg-NP CR2E037 (12/06)	
Zip 34104 Country Collier		Zip 34104 Country Collier		4. FEI Number 59-2167836	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DE ARMAS, EDUARDO SANDCASTLE COMMUNITY MGMT., INC. 1719 TRADE CENTER WAY, #4 NAPLES, FL 34109			7. Name and Address of New Registered Agent Name Frank O'Connor Street Address (P.O. Box Number is Not Acceptable) 29 High Point Circle E. #20 City Naples FL Zip Code 34104		
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 <u>Frank O'Connor</u> <u>Frank O'Connor Treas.</u> <u>4/28/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PD NAME WANTA, ELIZABETH STREET ADDRESS 29 HIGH PT CIR, # 308 CITY-ST-ZIP NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		TITLE P NAME Mordini, Joseph Jr. STREET ADDRESS 29 High Point Circle E. #30 CITY-ST-ZIP Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE STD NAME O'CONNOR, J. FRANCES STREET ADDRESS 29 HIGHPOINT CIRCLE E, #207 CITY-ST-ZIP NAPLES, FL 34103	<input type="checkbox"/> Delete		TITLE T NAME Eisenhauer, Richie STREET ADDRESS 29 High Point Circle E. #40 CITY-ST-ZIP Naples, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MATTHEWS, CURTIS STREET ADDRESS 29 HIGH POINT CIRCLE E, #408 CITY-ST-ZIP NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		TITLE S NAME Bolton-Maturo, Lorraine STREET ADDRESS 29 High Point Circle E. #10 CITY-ST-ZIP Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SHAWHAN, SHIRLEY STREET ADDRESS 29 HIGH PT CIR, # 302 CITY-ST-ZIP NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		TITLE P NAME Wanta, Robert STREET ADDRESS 29 High Point Circle E. #30 CITY-ST-ZIP Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Frank O'Connor</u> <u>Treas.</u> <u>4/28/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>					

Frank O'Connor