

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728375

FILED
Apr 08, 2009
Secretary of State

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

Current Principal Place of Business:

C/O R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O R&P PROPERTY MANAGEMENT
265 AIRPORT RD. S.
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 59-2389547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: THERIEN, PATRICIA
Address: 37 HIGH PT CIR #404
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: ILSENBERG, ARTHUR
Address: 37 HIGH POINT CIRCLE #503
City-St-Zip: NAPLES, FL 34103

Title: PD () Delete
Name: MCCLARNON, JEANNE
Address: 37 HIGH POINT CIR #401
City-St-Zip: NAPLES, FL 34103

Title: TD () Delete
Name: CLARKE, SIDNEY
Address: 37 HIGH POINT CIRCLE #602
City-St-Zip: NAPLES, FL 34103

Title: VPD () Delete
Name: HENRY, LINE
Address: 37 HIGH POINT CIRCLE # 205
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JEANNE MCCLARNON

PD

04/08/2009

Electronic Signature of Signing Officer or Director

Date