

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728376

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

C/O RESORT MGMT
2685 HORSESHOE DR S 215
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O RESORT MGMT
2685 HORSESHOE DR S 215
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 59-2769228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIELDS, CHARLES
1 HIGH PT CIR 301
NAPLES, FL 34103 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: P () Delete
Name: ZANDER, FRED
Address: 1 HIGH POINT CIRCLE W #501
City-St-Zip: NAPLES, FL 34103

Title: V () Delete
Name: BRADLEY, JIM
Address: 1 HIGH POINT CIRCLE W #206
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: ROSE, WATER
Address: 1 HIGH POINT CIR W 504
City-St-Zip: NAPLES, FL 34103

Title: T () Delete
Name: FIELDS, CHARLES
Address: 1 HIGH POINT CIRCLE # 301
City-St-Zip: NAPLES, FL 34103

Title: S () Delete
Name: OLSEN, SHIRLEY
Address: 1 HIGH POINT CIR W 103
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: BRADLEY, JIM
Address: 1 HIGH POINT CIRCLE W #206
City-St-Zip: NAPLES, FL 34103

Title: D (X) Change () Addition
Name: ROSE, WALTER
Address: 1 HIGH POINT CIR W 504
City-St-Zip: NAPLES, FL 34103

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

Title: S (X) Change () Addition
Name: MULVANY, VIRGINIA
Address: 1 HIGH POINT CIR W 406
City-St-Zip: NAPLES, FL 34103

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: FRED ZANDER

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date