

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90221 045 ****61.25



DOCUMENT # 728378
 1. Entity Name
HIGH POINT COUNTRY CLUB, GROUP FOURTEEN, INC.

Principal Place of Business: 2335 TAMiami TR N, STE 505, NAPLES FL 34103, US
 Mailing Address: 2335 TAMiami TR N, STE 505, NAPLES FL 34103, US

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____



1st MOORE CR2E037 (10/05)

4. FEI Number: **59-2769229** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GULF VIEW PROPERTY MGMT INC
2335 TAMiami TR N
STE 505
NAPLES FL 34103

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$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: D NAME: SEIFERT, EUGENE STREET ADDRESS: 57 HIGH POINT CIR. W., #503 CITY-ST-ZIP: NAPLES FL 34103	<input type="checkbox"/> Delete	TITLE: VPD NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: PALOMBO, RICHARD G STREET ADDRESS: 57 HIGH POINT CR CITY-ST-ZIP: NAPLES FL	<input type="checkbox"/> Delete	TITLE: D NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: HANDY, CHARLES STREET ADDRESS: 57 HIGH POINT CIR., #205 CITY-ST-ZIP: NAPLES FL 34103	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Rosekrans, Fred STREET ADDRESS: 57 High Point Cir. W. #502 CITY-ST-ZIP: Naples, Fl. 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: COYNE, JOHN STREET ADDRESS: 57 HIGH POINT CIRCLE #102 CITY-ST-ZIP: NAPLES FL 34103	<input type="checkbox"/> Delete	TITLE: TSD NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BLOCK, ROBERT STREET ADDRESS: 57 HIGH POINT CIRCLE #402 CITY-ST-ZIP: NAPLES FL 34103	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: COLLINS, C.R. STREET ADDRESS: 57 HIGH POINT CR CITY-ST-ZIP: NAPLES FL	<input type="checkbox"/> Delete	TITLE: PD NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" 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 Section 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: *C. Collins*

3-28-06 239-463-7991