

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728378

FILED
Mar 09, 2009
Secretary of State

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

Current Principal Place of Business:

2335 TAMIAMI TR N
STE 505
NAPLES, FL 34103 US

New Principal Place of Business:

57 HIGH POINT CIRCLE
NAPLES, FL 34103 US

Current Mailing Address:

2335 TAMIAMI TR N
STE 505
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-2769229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GULF VIEW PROPERTY MGMT INC
2335 TAMIAMI TR N
STE 505
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: D () Delete
Name: SEIFFERT, EUGENE
Address: 57 HIGH POINT CIR W. #503
City-St-Zip: NAPLES, FL 34103

Title: VD () Delete
Name: PALOMBO, RICHARD
Address: 57 HIGH POINT CIRW. #202
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: ROSEKRANS, FRED
Address: 57 HIGH POINT CIR W., #502
City-St-Zip: NAPLES, FL 34103

Title: TSD () Delete
Name: COYNE, JOHN
Address: 57 HIGH POINT CIRCLE #102
City-St-Zip: NAPLES, FL 34103

Title: PD () Delete
Name: COLLINS, C.R.
Address: 57 HIGH POINT CR
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: HANDY, CHARLES
Address: 57 HIGH POINT CIR W., #205
City-St-Zip: NAPLES, FL 34103

Title: SD (X) Change () Addition
Name: COYNE, JOHN
Address: 57 HIGH POINT CIRCLE #102
City-St-Zip: NAPLES, FL 34103

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: C.R. COLLINS

PD

03/09/2009

Electronic Signature of Signing Officer or Director

Date