## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#730305** 

FILED Jan 30, 2007 Secretary of State

Entity Name: HIGH POINT COUNTRY CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

1100 HIGH POINT DRIVE NAPLES, FL 34103248 US

Current Mailing Address: New Mailing Address:

1100 HIGH POINT DRIVE NAPLES, FL 34103248 US

FEI Number: 59-1547403 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SANDCASTLE COMMUNITY MANAGEMENT, INC.
1719 TRADE CENTER WAY

#4
NAPLES, FL 34109 US
RESORT MANAGEMENT INC.
2685 HORSESHOE DR. S.
#215
NAPLES, FL 34104 US

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: RICHARD VANDER KELEN 01/30/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: ( ) Change ( ) Addition Name: DEVER, JOHN (JACK ) SR Name:

Address: 21 HIGH POINT CIR EAST SUITE 402 Address:
City-St-Zip: NAPLES, FL 34103 City-St-Zip:

Title: T ( ) Delete Title: TREA (X) Change ( ) Addition

 Name:
 HILL, WILLIAM (BILL)
 Name:
 HEALEY, HOWARD

 Address:
 37 HIGH POINT CIR EAST SUITE 504
 Address:
 45 HIGH POINT CIRCLE S.

 City-St-Zip:
 NAPLES, FL 34103
 City-St-Zip:
 NAPLES, FL 34103

Title: S ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 RAMSEYER, KAYE
 Name:

 Address:
 45 HIGH POINT CIRCLE # 102
 Address:

 City-St-Zip:
 NAPLES, FL 34103
 City-St-Zip:

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DEVER, JACK
 Name:

 Address:
 21 HIGH POINT CIRCLE # 902
 Address:

 City-St-Zip:
 NAPLES, FL 34103
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JACK DEVER P 01/30/2007