

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730305

FILED
Jan 29, 2009
Secretary of State

Entity Name: HIGH POINT COUNTRY CLUB, INC.

Current Principal Place of Business:

1100 HIGH POINT DRIVE
NAPLES, FL 34103248 US

New Principal Place of Business:

Current Mailing Address:

1100 HIGH POINT DRIVE
NAPLES, FL 34103248 US

New Mailing Address:

FEI Number: 59-1547403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESORT MANAGEMENT INC.
2685 HORSESHOE DR. S.
#215
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: P () Delete
Name: DEVER, JOHN (JACK) SR
Address: 21 HIGH POINT CIR EAST SUITE 402
City-St-Zip: NAPLES, FL 34103

Title: TREA () Delete
Name: HEALEY, HOWARD
Address: 45 HIGH POINT CIRCLE S.
City-St-Zip: NAPLES, FL 34103

Title: S () Delete
Name: RAMSEYER, KAYE
Address: 45 HIGH POINT CIRCLE # 102
City-St-Zip: NAPLES, FL 34103

Title: P (X) Delete
Name: DEVER, JACK
Address: 21 HIGH POINT CIRCLE # 902
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TREA (X) Change () Addition
Name: HEALEY, HOWARD
Address: 45 HIGH POINT CIRCLE S. SUITE 110
City-St-Zip: NAPLES, FL 34103

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: JACK DEVER

P

01/29/2009

Electronic Signature of Signing Officer or Director

Date