

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770706

(0)

1. Corporation Name

HIGH POINT HUNT CLUB, INC.

Principal Place of Business

% HEWITT J. DUPONT, CPA
912 S. RIDGEWOOD AVE., SUITE D
DAYTONA BEACH FL 32114

Mailing Address

% HEWITT J. DUPONT, CPA
912 S. RIDGEWOOD AVE., SUITE D
DAYTONA BEACH FL 32114



800001738058

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***61.25

3. Date Incorporated or Qualified
10/12/1983

3a. Date of Last Report
05/01/1995

4. FEI Number

59-2353103

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 c/o Joseph Rudeen, Jr.

26 c/o Joseph Rudeen, Jr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 322 Chapel Road

27 322 Chapel Road

City & State

City & State

23 St. Augustine, FL

28 St. Augustine, FL

Zip

Country

Zip

Country

24 32095

25 U.S.A

29 32095

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUPONT, HEWITT J.
912 S. RIDGEWOOD AVE
SUITE D
DAYTONA BEACH FL 32114

81 Name

Joseph Rudeen, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

322 Chapel Road

83

84 City

St. Augustine,

FL

85 Zip Code

32095

11. Pursuant to the provisions of Sections 617.0501 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Charles J. Rudeen, Jr. SEC/TREAS. Joseph Rudeen, Jr.

NOTE: Registered Agent Signature required when reinstating!

DATE

4/5/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NICKLO, DOMINIC	
STREET ADDRESS	288 CHAPEL ROAD	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DUPONT, HEWITT J.	
STREET ADDRESS	912 S. RIDGEWOOD AVE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BANKS, GARY	
STREET ADDRESS	912 S. RIDGEWOOD AVE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	MALEK, CLEM	
STREET ADDRESS	641 S SENECA BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	William R. Pinyan	
13 STREET ADDRESS	5620 SR 207	
14 CITY-ST-ZIP	Elkton, FL 32033	
21 TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	C.J. Rudeen, Jr.	
23 STREET ADDRESS	322 Chapel Road	
24 CITY-ST-ZIP	St. Augustine, FL 32095	
31 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Tom Lynn	
33 STREET ADDRESS	28 Woodlake Drive	
34 CITY-ST-ZIP	Port Orange, FL 32119	
41 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Curtis Manucy	
43 STREET ADDRESS	5395 Porter Road Extension	
44 CITY-ST-ZIP	St. Augustine, FL 32095	
51 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Frank Pellicer	
53 STREET ADDRESS	26 Bay View Drive	
54 CITY-ST-ZIP	St. Augustine, FL 32095	
61 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Kenny Skinner	
63 STREET ADDRESS	3025 3rd Street V.B.	
64 CITY-ST-ZIP	St. Augustine, FL 32095	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles J. Rudeen, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96

904 823 2469
Daytime Phone #

CR2E037 (12/95)