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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 770706					
1. Corporation Name HIGH POINT HUNT CLUB, INC.					
Principal Place of Business C/O JOSEPH RUDEEN, JR. 322 CHAPEL ROAD ST AUGUSTINE FL 32095			Mailing Address C/O JOSEPH RUDEEN, JR. 322 CHAPEL ROAD ST AUGUSTINE FL 32095		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/12/1983 4. FEI Number 59-2353103 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent RUDEEN, JOSEPH JR 322 CHAPEL ROAD ST AUGUSTINE FL 32095				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	NAME	SCHERMUND, DONALD	1.1 TITLE	P	NAME	WILLIAM R. PINYAN
STREET ADDRESS	20 SYLVAN DR	CITY-ST-ZIP	ST AUGUSTINE FL	1.2 NAME	5620 STATE ROAD 207	1.3 STREET ADDRESS	ELKTON, FL. 32033
TITLE	ST	NAME	RUDEEN, C J JR	2.1 TITLE		2.2 NAME	
STREET ADDRESS	322 CHAPEL ROAD	CITY-ST-ZIP	ST AUGUSTINE FL 32095	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
TITLE	D	NAME	MALEK, CLEM	3.1 TITLE		3.2 NAME	
STREET ADDRESS	641 S. SENECA BLVD	CITY-ST-ZIP	DAYTONA BEACH FL 32114	3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE	D	NAME	FOREMAN, G.E.	4.1 TITLE	D	NAME	FRANK PRILLER
STREET ADDRESS	6809 AVENUE G	CITY-ST-ZIP	ST AUGUSTINE FL	4.2 NAME	26 BAY VIEW DRIVE	4.3 STREET ADDRESS	ST. AUGUSTINE, FL. 32095
TITLE	D	NAME	MANUCY, CURTIS	5.1 TITLE		5.2 NAME	
STREET ADDRESS	5395 PORTER ROAD EXTENSION	CITY-ST-ZIP	ST AUGUSTINE FL 32095	5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
TITLE	D	NAME	SCHERMUND, CLAYTON	6.1 TITLE		6.2 NAME	
STREET ADDRESS	3180 CR 13A NORTH	CITY-ST-ZIP	ST AUGUSTINE FL	6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Charles Schermund, Jr. / JOSEPH RUDEEN, JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 FEB '99 904 829 9681
Date Daytime Phone #

CR2E037 (11/98)