

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90081 001 ***150.00

DOCUMENT # **F53107**

1. Corporation Name
HIGH POINT GOLF COURSE, INC.



Principal Place of Business
1175 NE 125TH ST
SUITE 102
N MIAMI FL 33161

Mailing Address
1175 NE 125TH ST
SUITE 102
N MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/09/1981

4. FEI Number
59-2148527

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

7. Trust Fund Contribution ☐

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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

9. Name and Address of Current Registered Agent
TATE, J KENNETH
1175 NE 125 ST
SUITE 102
N MIAMI 33161

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TVD	1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TATE, J KENNETH	1.2 NAME			
STREET ADDRESS	1175 NE 125 ST, STE 102	1.3 STREET ADDRESS			
CITY-ST-ZIP	N MIAMI FL	1.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	SD	2.1 TITLE			
NAME	TATE, JAMES D	2.2 NAME			
STREET ADDRESS	1175 NE 125 ST, STE 102	2.3 STREET ADDRESS			
CITY-ST-ZIP	N MIAMI FL	2.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	DP	3.1 TITLE			
NAME	TATE, STANLEY G	3.2 NAME			
STREET ADDRESS	1175 NE 125 ST, STE 102	3.3 STREET ADDRESS			
CITY-ST-ZIP	N MIAMI FL	3.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	AS	4.1 TITLE			
NAME	SOMERSTEIN, BARRY E	4.2 NAME			
STREET ADDRESS	1175 NE 125 ST, STE 102	4.3 STREET ADDRESS			
CITY-ST-ZIP	N MIAMI FL	4.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		5.1 TITLE			
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		6.1 TITLE			
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		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 607, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)