## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT #F53107

1. Entity Name HIGH POINT GOLF COURSE, INC.



**FILED** Apr 18, 2008 08:00 AN Secretary of State

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



						02112008	No Chg-P	CR2E034 (11	1/0	5)
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Applied For 59-2148527 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

TATE, J KENNETH 1175 NE 125 ST SUITE 102 N MIAMI, FL 33161

DO	NOT	WRITE
IN	THIS	<b>SPACE</b>

8. 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. I am familiar with, and accept the obligations of registered agent										
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
O. Floring Compaign Floration										
FIL After M	<ol> <li>Election Campaign Finand Trust Fund Contribution.</li> </ol>		\$5.00 May Be Added to Fees							
10	OFFICERS AND DIREC	CTORS			000000906420					
TITLE	TVD				05/02/08-80021-019 150.00					
NAME	TATE, J KENNETH									
STREET ADDRESS	1175 NE 125 ST, STE 102	:								
CITY-ST-ZIP	N MIAMI, FL									
TITLE	SD									
NAME	TATE, JAMES D	•								
STREET ADDRESS	1175 NE 125 ST, STE 102									
CITY-ST-ZIP N MIAMI, FL										
TITLE	DP				,					
NAME	TATE, STANLEY G									
STREET ADDRESS 1175 NE 125 ST, STE 102				DO	NOT WRITE					
CITY-ST-ZIP	N MIAMI, FL									
TITLE	AS	,		IN .	THIS SPACE					
NAME				•••						
STREET ADDRESS 1175 NE 125 ST, STE 102										
CITY-ST-ZIP	N MIAMI, FL		•							
TITLE										
NAME										
STREET ADDRESS					•					
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		-		****					
TITLE	٠									
NAME .	3 A	: ' '• "								
STREET ADDRESS CITY-ST-ZIP		, ,		•						
	12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information									
12. Thereby	certify that the information supplied with this f	iling does not qualify for the exe	mptions cor	ntained in Chapter 119	3, Florida Statutes. I further certify that the information					

indicated on this report or supplemental 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 exceed this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

305-891-1107