

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000107121

1. Entity Name
HIGH POINT LAND IMPROVEMENT CORP.



Principal Place of Business
**800 S OSPREY AVE
SARASOTA, FL 34236**

Mailing Address
**800 S OSPREY AVE
SARASOTA, FL 34236**



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0112943

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LPS CORPORATE SERVICES, INC.
46 NORTH WASHINGTON BLVD #1
SARASOTA, FL 34236**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000536727
01/17/07-80004-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUNTHER, ROBERT C 1208 NORTH CASEY KEY ROAD OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUNTHER, JAYNE 1208 NORTH CASEY KEY ROAD OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ROCKLEIN, JOSEPH E III 800 S OSPREY AVE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SUPLEE, T. RAYMOND 800 S. OSPREY AVENUE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHEA, NORMAN J III 800 S. OSPREY AVENUE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #