

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 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**



01072008 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

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01/22/08-80005-016 150.00

**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 #