2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2024
Secretary of State
6837773552CC

DOCUMENT# 725478

Entity Name: HIGH POINT COUNTRY CLUB GROUP TWO, INC.

Current Principal Place of Business:

C/O ABILITY MANAGEMENT
6736 LONE OAK BLVD
NAPLES, FL 34109

Current Mailing Address:

ABILITY MANAGEMENT, INC.
6736 LONE OAK BLVD
NAPLES, FL 34109 US

FEI Number: 59-1630145

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABILITY MANAGEMENT, INC.
ABILITY MANAGEMENT, INC.
6736 LONE OAK BLVD
NAPLES, FL 34109 US

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.

SIGNATURE: DENNIS LIVELY 04/25/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER	Title	PRESIDENT
Name	SKILLING, MICHAEL	Name	SKILLING, MICHAEL
Address	ABILITY MANAGEMENT, INC. 6736 LONE OAK BLVD	Address	ABILITY MANAGEMENT, INC. 6736 LONE OAK BLVD
City-State-Zip:	NAPLES FL 34109	City-State-Zip:	NAPLES FL 34109
Title	SECRETARY	Title	VP
Name	WARREN, LEE	Name	COOMBES, KEVIN
Address	ABILITY MANAGEMENT, INC. 6736 LONE OAK BLVD	Address	ABILITY MANAGEMENT, INC. 6736 LONE OAK BLVD
City-State-Zip:	NAPLES FL 34109	City-State-Zip:	NAPLES FL 34109

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL SKILLING PRESIDENT 04/25/2024

Electronic Signature of Signing Officer/Director Detail — Date