2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725478

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

FILED
Apr 11, 2025
Secretary of State
8814102875CC

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 04/11/2025

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title TREASURER Title PRESIDENT

Name SKILLING, MICHAEL Name SKILLING, MICHAEL

Address ABILITY MANAGEMENT, INC. Address ABILITY MANAGEMENT, INC.

6736 LONE OAK BLVD 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. Address ABILITY MANAGEMENT, INC.

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City-State-Zip: NAPLES FL 34109 City-State-Zip: NAPLES FL 34109

Title MEMBER AT LARGE Title MEMBER AT LARGE

Name DUNLEVY, JERRY Name FARRAR, MIKE

Address ABILITY MANAGEMENT, INC. Address ABILITY MANAGEMENT, INC.

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City-State-Zip: NAPLES FL 34109 City-State-Zip: NAPLES FL 34109

Electronic Signature of Signing Officer/Director Detail

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.