

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728374

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

Current Principal Place of Business:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR S SUITE#215
NAPLES, FL 34104

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR S SUITE#215
NAPLES, FL 34104 US

FEI Number: 59-2167836

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RESORT MANAGEMENT
C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE, SUITE #215
NAPLES, FL 34104 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: ROBERT ROSENOW

04/27/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name HANSON, BETH
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR S SUITE#215
City-State-Zip: NAPLES FL 34104

Title PRESIDENT
Name LIMONGELLO, SUSAN
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR S SUITE#215
City-State-Zip: NAPLES FL 34104

Title VP
Name COLLIGAN, PATRICIA
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR S SUITE#215
City-State-Zip: NAPLES FL 34104

Title TREASURER
Name ROBSON, MIKE
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR S SUITE#215
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name HELEN, POPPERT
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR S SUITE#215
City-State-Zip: NAPLES FL 34104

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: BETH HANSON

SECRETARY

04/27/2023

Electronic Signature of Signing Officer/Director Detail

Date