


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90296 027 \*\*\*550.00

DOCUMENT # P23772  
 1. Entity Name  
 CLUB CAR, INC.



Principal Place of Business  
 200 CHESTNUT RIDGE RD  
 WOODCLIFF LAKE, NJ 07675 US

Mailing Address  
 200 CHESTNUT RIDGE RD  
 WOODCLIFF LAKE, NJ 07675 US

**50051033**



2. Principal Place of Business  
 155 Chestnut Ridge  
 Suite, Apt. #, etc.

3. Mailing Address  
 155 Chestnut Ridge  
 Suite, Apt. #, etc.

04292005 Chg-P CR2E034 (10/03)

City & State  
 Montvale NJ

City & State  
 Montvale NJ

Zip  
 07645

Country  
 USA

Zip  
 07645

Country  
 USA

4. FEI Number  
 13-3488925

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PCEO<br>TRAILES, P.<br>4152 WASHINGTON RD., P.O. BOX 204658<br>AUGUSTA, GA 309174658   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVGS<br>HOLLAND, D. T<br>4152 WASHINGTON RD., P.O. BOX 204658<br>AUGUSTA, GA 309174658 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VMAS<br>ECK, C.<br>4152 WASHINGTON RD., P.O. BOX 204658<br>AUGUSTA, GA 309174658       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C<br>DAUDELIN, R. E<br>4152 WASHINGTON RD., P.O. BOX 204658<br>AUGUSTA, GA 309174658   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>GAFFNEY, P.<br>4152 WASHINGTON RD., P.O. BOX 204658<br>AUGUSTA, GA 309174658     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>HELLER, R. G<br>4152 WASHINGTON RD., P.O. BOX 204658<br>AUGUSTA, GA 309174658     | <input checked="" type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Vice President<br>Gerald Swimmer<br>155 Chestnut Ridge Rd<br>Montvale NJ 07645 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Secretary<br>Barbara Santoro<br>155 Chestnut Ridge Rd<br>Montvale NJ 07645     | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Section 119.07, 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: 

**KENNETH W. LILJEBACK**  
**ATTORNEY-IN-FACT**

Date: 5/2/05 Daytime Phone #