

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 841028

1. Entity Name
AFFINITY ROAD AND TRAVEL CLUB, INC.



Principal Place of Business
**64 INVERNESS DR E
ENGLEWOOD, CO 80112 US**

Mailing Address
**64 INVERNESS DR E
ENGLEWOOD, CO 80112 US**



03272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2066824

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 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. Pls. see attached. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DC
ADAMS, STEPHEN
64 INVERNESS DRIVE EAST
ENGLEWOOD, CO 80112**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LUSK, TERRY C
64 INVERNESS DRIVE EAST
ENGLEWOOD, CO 80112**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
KUPPER, MARK
64 INVERNESS DR. EAST
ENGLEWOOD, CO 80112**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
YORK, ROBERT T
64 INVERNESS DRIVE EAST
ENGLEWOOD, CO 80112**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
SCHNEIDER, MICHAEL
2575 VISTA DEL MAR DR
VENTURA, CA 93001**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
WOLFE, TOM
2575 VISTA DEL MAR DR
VENTURA, CA 93001**

**DO NOT WRITE
IN THIS SPACE**

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04/30/07-80007-020 158.75

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: _____

Mark Kupper, Executive VP

303/728-2267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #