

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # F93000004767

1. Entity Name
GOLF CARD RESORT SERVICES, INC.



Principal Place of Business
**64 INVERNESS DRIVE EAST
ENGLEWOOD, CO 80112 US**

Mailing Address
**64 INVERNESS DRIVE EAST
ENGLEWOOD, CO 80112 US**

DO NOT WRITE IN THIS SPACE



03312006 No Chg-P CR2E034 (11/05)

4. FEI Number
84-1238913 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**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	ADAMS, STEPHEN
STREET ADDRESS	2575 VISTA DEL MAR DRIVE
CITY-STATE-ZIP	VENTURA, CA
TITLE	CEO
NAME	SCHNEIDER, MIKE
STREET ADDRESS	2575 VISTA DEL MAR DRIVE
CITY-STATE-ZIP	VENTURA, CA 93001
TITLE	AT
NAME	LUSK, TERRY
STREET ADDRESS	64 INVERNESS DRIVE EAST
CITY-STATE-ZIP	ENGLEWOOD, CO 80112
TITLE	S
NAME	JAMES, LAURA A
STREET ADDRESS	2575 VISTA DEL MAR DRIVE
CITY-STATE-ZIP	VENTURA, CA
TITLE	AS
NAME	YORK, ROBERT T
STREET ADDRESS	90 SOUTH SEVENTH STREET
CITY-STATE-ZIP	MINNEAPOLIS, MN 55402
TITLE	P
NAME	HOSTER, BRUCE
STREET ADDRESS	64 INVERNESS DRIVE EAST
CITY-STATE-ZIP	ENGLEWOOD, CO 80112

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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #