

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004767

FILED
Apr 19, 2011
Secretary of State

Entity Name: GOLF CARD RESORT SERVICES, INC.

Current Principal Place of Business:

64 INVERNESS DRIVE EAST
ENGLEWOOD, CO 80112 US

New Principal Place of Business:

Current Mailing Address:

64 INVERNESS DRIVE EAST
ENGLEWOOD, CO 80112 US

New Mailing Address:

FEI Number: 84-1238913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC
Name: ADAMS, STEPHEN
Address: 2575 VISTA DEL MAR DRIVE
City-St-Zip: VENTURA, CA

Title: CEO
Name: LEMONIS, MARCUS
Address: 2575 VISTA DEL MAR DRIVE
City-St-Zip: VENTURA, CA 93001

Title: CFO
Name: WOLFE, TOM
Address: 2575 VISTA DEL MAR DRIVE
City-St-Zip: VENTURA, CA 93001

Title: S
Name: JAMES, LAURA A
Address: 2575 VISTA DEL MAR DRIVE
City-St-Zip: VENTURA, CA

Title: AS
Name: YORK, ROBERT T
Address: 90 SOUTH SEVENTH STREET
City-St-Zip: MINNEAPOLIS, MN 55402

Title: P
Name: HOSTER, BRUCE
Address: 64 INVERNESS DRIVE EAST
City-St-Zip: ENGLEWOOD, CO 80112

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TOM WOLFE

CFO

04/19/2011

Electronic Signature of Signing Officer or Director

Date