

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90371 047 ***150.00

DOCUMENT # P23772 1. Entity Name CLUB CAR, INC.					
Principal Place of Business 155 CHESTNUT RIDGE MONTVALE, NJ 07645 US			Mailing Address 155 CHESTNUT RIDGE MONTVALE, NJ 07645 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02272006 Chg-P CR2E034 (11/05)	
Zip Country		Zip Country		4. FEI Number 13-3488925	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO TRAIRES, P. 4152 WASHINGTON RD., P.O. BOX 204658 AUGUSTA, GA 309174658		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVGS HOLLAND, D. T 4152 WASHINGTON RD., P.O. BOX 204658 AUGUSTA, GA 309174658		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Santoro, Barbara 155 Chestnut Ridge Road Montvale, NJ 07645	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VMAS ECK, C. 4152 WASHINGTON RD., P.O. BOX 204658 AUGUSTA, GA 309174658		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Moran, G.T. 155 Chestnut Ridge Road Montvale, NJ 07645	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DAUDELIN, R. E 4152 WASHINGTON RD., P.O. BOX 204658 AUGUSTA, GA 309174658		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Nachtigal, Patricia 155 Chestnut Ridge Rd Montvale, NJ 07645	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAFFNEY, P. 4152 WASHINGTON RD., P.O. BOX 204658 AUGUSTA, GA 309174658		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWIMMER, GERALD 155 CHESTNUT RIDGE RD MONTVALE, NJ 07645		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	