


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

FILED  
SECRETARY OF STATE  
DEPARTMENT OF CORPORATIONS  
95 MAR 27 AM 10:44

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N32783 (5)**  
1. Corporation Name  
**EAST COAST MAKO OWNERS CLUB, INC.**

Principal Place of Business <b>% SHIRLEY KERNER 3381 S.E. FERNDAL AVE. STUART FL 34997</b>	Mailing Address <b>% SHIRLEY KERNER 3381 S.E. FERNDAL AVE. STUART FL 34997</b>
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/12/1989</b>	3a. Date of Last Report <b>03/21/1994</b>
4. FEI Number <b>65-0198016</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. <b>% Sally Voisinnet</b>	2a. Mailing Address 26. <b>% Sally Voisinnet</b>
22. <b>4545 SW Ludlum St.</b>	27. <b>4545 SW Ludlum St.</b>
23. <b>Palm City, FL</b>	28. <b>Palm City, FL</b>
24. <b>Zip 34990</b>	25. <b>Country USA</b>
29. <b>Zip 34990</b>	30. <b>Country USA</b>

9. Name and Address of Current Registered Agent  
**KERNER, SHIRLEY  
3381 S.E. FERNDAL AVE.  
STUART FL 34997**

10. Name and Address of New Registered Agent

81. Name <b>Sally Voisinnet</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>4545 SW Ludlum St.</b>
83. <b>Palm City</b>
84. City <b>Palm City</b>
85. State <b>FL</b>
86. Zip Code <b>34990</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Sally Voisinnet* **Sally Voisinnet** **3-21-95**  
Signature, typed name of registered agent and the date of registration (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>MCADAMS, KEVIN</b>
STREET ADDRESS	<b>3514 SW ASPEN PLACE</b>
CITY - ST - ZIP	<b>PALM CITY FL</b>
TITLE	<b>D</b>
NAME	<b>KERNER, SHIRLEY P.</b>
STREET ADDRESS	<b>3381 SE FERNDAL AVE</b>
CITY - ST - ZIP	<b>PORT SALERNO FL</b>
TITLE	<b>VPD</b>
NAME	<b>NULL, LEE</b>
STREET ADDRESS	<b>1201 SW LIGHTHOUSE DR</b>
CITY - ST - ZIP	<b>PALM CITY FL</b>
TITLE	<b>D</b>
NAME	<b>LAMBACK, GERRY</b>
STREET ADDRESS	<b>951 37TH TERR</b>
CITY - ST - ZIP	<b>PALM CITY FL</b>
TITLE	<b>D</b>
NAME	<b>HENDRY, GARY</b>
STREET ADDRESS	<b>2841 NE OCEAN BLVD.</b>
CITY - ST - ZIP	<b>STUART FL 34996</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<b>D</b>
23. STREET ADDRESS	<b>Curry, Gil</b>
24. CITY - ST - ZIP	<b>633 SE Whitmore Dr. Port St. Lucie, FL 34984</b>
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	<b>T/S</b>
43. STREET ADDRESS	<b>Voisinnet, Sally</b>
44. CITY - ST - ZIP	<b>4545 SW Ludlum St. Palm City, FL 34990</b>
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sally Voisinnet* **Sally Voisinnet** **3-21-95** **400-796-1110**  
Signature and typed name of signing officer or director Date Telephone #