

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N24873 (4)**

1. Corporation Name

**GOLD COAST MAKO OWNER'S CLUB, INC.**



Principal Place of Business

Mailing Address

C/O JOHN ADAMS  
284 MARGINAL RD  
WEST PALM BEACH FL 33411  
US

C/O JOHN ADAMS  
284 MARGINAL RD  
WEST PALM BEACH FL 33411  
US

3. Date Incorporated or Qualified

**02/17/1988**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

**5692 Kimberton Way**

4. FEI Number

**65-0116259**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

**33463**

30

**Palm Beach**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAMS, JOHN  
284 MARGINAL RD  
WEST PALM BEACH FL 33411**

81 Name

**Roger Moore**

82 Street Address (P.O. Box Number is Not Acceptable)

**5692 Kimberton Way**

83

84 City

**Lantana**

**FL**

85 Zip Code

**33463**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/24/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	DELETE
NAME	ADAMS, JOHN	
STREET ADDRESS	284 MARGINAL RD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	AUMEN, NICK	
STREET ADDRESS	501 N LAKESIDE A	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MATES, LINDA	
STREET ADDRESS	P O BOX 3725	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MOORE, ROGER	
STREET ADDRESS	812 JUNIPER DR	
CITY-ST-ZIP	N PALM EBACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	5692 Kimberton Way	
4.4 CITY-ST-ZIP	Lantana, FL 33463	
5.1 TITLE	VP D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DAN CROOKS	
5.3 STREET ADDRESS	447 WOODSIDE DR	
5.4 CITY-ST-ZIP	W Palm Beach, FL 33415	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Roger Moore**

**4/24/96**

**(954) 971 2733**

Date

Daytime Phone #

CR2E037 (12/95)