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Jun 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra E. 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

5692 KIMBERTON WAY
LANTANA FL 33463-6613
US

3. Date Incorporated or Qualified
02/17/1988

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 56 Bill Munro
Suite, Apt. #, etc.
22 3701 S. Flagler Dr. B401
City & State
23 West Palm Beach, FL
Zip
24 33405
Country
25 USA

26 Bill Munro
Suite, Apt. #, etc.
27 3701 S. Flagler Dr. B401
City & State
28 West Palm Beach, FL
Zip
29 33405
Country
30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORE, ROGER
5692 KIMBERTON WAY
LANTANA FL 33463

B1 Name Bill Munro

B2 Street Address (P.O. Box Number is Not Acceptable)

B3 3701 S. Flagler Dr. B401

B4 City West Palm Beach

FL B5 Zip Code 33405

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 William D. Munro - William D. MUNRO

DATE 6-23-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> 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	PD	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, ROGER	
STREET ADDRESS	5692 KIMBERTON WAY	
CITY-ST-ZIP	LANTANA FL 33463	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CROOKS, DAN	
STREET ADDRESS	447 WOODSIDE DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		Bill Munro	
1.3 STREET ADDRESS		3701 S. Flagler Dr. B401	
1.4 CITY-ST-ZIP		West Palm Beach FL 33405	
2.1 TITLE	D	Nick Aumen	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		200 West Riverside Dr	
2.3 STREET ADDRESS		Jupiter, FL 33469	
2.4 CITY-ST-ZIP			
3.1 TITLE	D	Linda mates	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		141 Turtle Creek Wy	
3.3 STREET ADDRESS		Tequesta, FL 33469	
3.4 CITY-ST-ZIP			
4.1 TITLE	D	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		Dian McIlwain	
4.3 STREET ADDRESS		714 Palmetto Street	
4.4 CITY-ST-ZIP		West Palm Beach, FL 33405	
5.1 TITLE	D	Newsletter	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		Betty Thayer	
5.3 STREET ADDRESS		8580 SE Sabal St	
5.4 CITY-ST-ZIP		Hobe Sound, FL 33455	
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		600002225386	
6.3 STREET ADDRESS		-06/27/97--01005--032	
6.4 CITY-ST-ZIP		***61.25	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Bill Munro - Bill MUNRO

DATE 6-15-97

FILE # N24873

CR2E037 (9/96)