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FILED
May 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N24873** (4)

1. Corporation Name

GOLD COAST MAKO OWNER'S CLUB, INC.



Principal Place of Business C/O BILL MUNRO 3701 S. FLAGLER DR., B401 WEST PALM BEACH FL 33405 US	Mailing Address C/O BILL MUNRO 3701 S. FLAGLER DR., B401 WEST PALM BEACH FL 33405 US
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3. Date Incorporated or Qualified

02/17/1988

4. FEI Number

65-0116259

Applied For

Not Applicable

2. Principal Place of Business 21 3701 S. Flagler Dr. Suite, Apt. #, etc. 22 B-401 City & State 23 West Palm Beach FL. Zip 24 33405	2a. Mailing Address 26 3701 S. Flagler Suite, Apt. #, etc. 27 B-401 City & State 28 West Palm Beach FL. Zip 29 33405
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5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUNRO
MOORE, BILL
3701 S. FLAGLER DR., B 401
WEST PALM BEACH FL 33405

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MUNRO, BILL	
STREET ADDRESS	3701 S. FLAGLER DR., B 401	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
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	D1	<input type="checkbox"/> DELETE
NAME	AUMEN, NICK	
STREET ADDRESS	200 WEST RIVERSIDE DR	
CITY-ST-ZIP	JUPITER FL 33409	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATES, LINDA	
STREET ADDRESS	141 TURTLE CREEK DR	
CITY-ST-ZIP	TEQUESTA FL 33409	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MCILWAIN, DIAN	
STREET ADDRESS	714 PALMETTO STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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.

SIGNATURE

Bill Munro - Bill MUNRO

1-26-98 - 81-P412474

CF2E037 (10/97)