


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N46336** (6)

1. Corporation Name

SOUTH FLORIDA MAKO OWNER'S CLUB, INC.

Principal Place of Business

Mailing Address

**1500 EAST ATLANTIC BLVD.
SUITE B
POMPANO BEACH FL 33060**

**1500 EAST ATLANTIC BLVD.
SUITE B
POMPANO BEACH FL 33060**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/06/1991

4. FEI Number

65-0296106

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**

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

10. Name and Address of New Registered Agent

**OATES, DANIEL E.
1500 EAST ATLANTIC BLVD.
SUITE B
POMPANO BEACH FL 33060**

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 ☐ DELETE
NAME **P**
STREET ADDRESS **POVEROMO, GEORGE**
CITY-ST-ZIP **9930 NW 59 CT
PARKLAND FL**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **SIEGEL, HENRY**
CITY-ST-ZIP **2831 NE 48 ST
LIGHTHOUSE PT FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MACKECHNIE, BILL**
CITY-ST-ZIP **5350 PARK PLACE CIRCLE
BOCA RATON FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **NITRAY, DAVID**
CITY-ST-ZIP **150 SE 4 CT
POMPANO BCH FL**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **KALPAKJIAN, GARO L**
CITY-ST-ZIP **1050 NW 45TH AVE.
COCONUT CREEK FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **S/T**
1.3 STREET ADDRESS **JOSEPH AUFEHANGER**
1.4 CITY-ST-ZIP **262 S. MILITARY TRAIL
DEERFIELD BEACH, FL. 33442**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

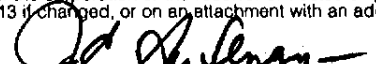
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:



Joseph E. Aufenanger

2/19/98

CR2E037 (10/97)