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**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N46336**

1. Corporation Name

**SOUTH FLORIDA MAKO OWNER'S CLUB, INC.**

Principal Place of Business

1500 EAST ATLANTIC BLVD.  
SUITE B  
POMPANO BEACH FL 33060

Mailing Address

1500 EAST ATLANTIC BLVD.  
SUITE B  
POMPANO BEACH FL 33060



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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  
POVEROMO, GEORGE

STREET ADDRESS 9930 NW 59 CT

CITY-ST-ZIP PARKLAND FL

TITLE ☐ DELETE

NAME V  
SIEGEL, HENRY

STREET ADDRESS 2831 NE 48 ST

CITY-ST-ZIP LIGHTHOUSE PT FL

TITLE ☐ DELETE

NAME D  
MACKECHNIE, BILL

STREET ADDRESS 5350 PARK PLACE CIRCLE

CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME D  
NITRAY, DAVID

STREET ADDRESS 150 SE 4 CT

CITY-ST-ZIP POMPANO BCH FL

TITLE ☐ DELETE

NAME ST  
AUFENANGER

STREET ADDRESS 262 S MILITARY TRAIL

CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99

Date

(954) 425 0638

Daytime Phone #

CR2E037 (1/98)