2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# N96000005621

Entity Name: MANA-SOTA MAKO OWNERS CLUB, INC.

Current Principal Place of Business:

359 MAGELLAN DR.
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

359 MAGELLAN DR.
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 65-0716567 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COSTA, JAMES G
359 MAGELLAN DR.
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	COSTA, JAMES G	
Address:	359 MAGELLAN DR.	
City-St-Zip:	SARASOTA, FL 34243	
Title:	VPD	( ) Delete
Name:	BASINGER, STEVE	
Address:	6617 BRENTFORD RD	
City-St-Zip:	SARASOTA, FL 34241	
Title:	TD	( ) Delete
Name:	COSTA, MARTHA	
Address:	359 MAGELLAN DR.	
City-St-Zip:	SARASOTA, FL 34243	
Title:	SD	( ) Delete
Name:	DAHLBERG, SHELIA	
Address:	5194 INDIAN MOUND ST	
City-St-Zip:	SARASOTA, FL 34232	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES G. COSTA PD 04/30/2005

Electronic Signature of Signing Officer or Director — Date