

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90032 040 ****61.25

DOCUMENT # N96000005621 1. Entity Name MANA-SOTA MAKO OWNERS CLUB, INC.			
Principal Place of Business 6309 YELLOWTOP DR. BRADENTON, FL 34202		Mailing Address 5194 INDIAN MOUND ST SARASOTA, FL 34232	
2. Principal Place of Business - No P.O. Box # 359 Magellan Dr Suite, Apt. #, etc.		3. Mailing Address 7021 253rd St East Suite, Apt. #, etc.	
City & State Sarasota, FL Zip Country 34243		City & State Myakka City, FL Zip Country 34251	
4. FEI Number 65-0716567		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, CHARLES B 6309 YELLOWTOP DR. BRADENTON, FL 34202		7. Name and Address of New Registered Agent Name James Costa Street Address (P.O. Box Number is Not Acceptable) 359 Magellan Dr City Sarasota FL Zip Code 34243	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE JAMES C. COSTA 2/1/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, CHARLES B 6309 YELLOWTOP DR. BRADENTON, FL 34202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jim Costa 359 Magellan Drive Sarasota, FL 34243 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PAUL, SMITY 41125 S.R. LOT E MYAKKA CITY, FL 34251 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jim Stephens 2997 Eden Mills Dr. Sarasota, FL 34237 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KVICK, JAMES 3815 MONICA PKWY SARASOTA, FL 34235 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Julie Wallburn 5424 Antoinette Street Sarasota, FL 34232 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAHLBERG, SHEILA 5194 INDIAN MOUND ST. SARASOTA, FL 34232 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Don McGuire 7021 253rd Street East Myakka City, FL 34251 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE:		Date 2/1/08 Daytime Phone # 941-3502290	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			