

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90094 001 \*\*\*\*61.25



**DOCUMENT # N18336**  
 1. Entity Name  
**SARASOTA-MANATEE CORNELL CLUB, INC.**

Principal Place of Business Mailing Address  
**315 DULMER DR. NOKOMIS FL 34275 US**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **59-6196813** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**PYLE, DAVID G.**  
**315 DULMER DR.**  
**NOKOMIS FL 34275**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ZURN, FRANK	
STREET ADDRESS	1217 WATERSIDE LN	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PYLE, DAVID	
STREET ADDRESS	315 DULMER DR.	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STRONG, LEAH	
STREET ADDRESS	2925 WOOD PINE CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOCK, DEAN	
STREET ADDRESS	1304 N LAKE SHORE DR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> Delete
NAME	PYLE, JANE W	
STREET ADDRESS	315 DULMER DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANNAN, ELIZABETH	
STREET ADDRESS	444 MONROE DR	
CITY-ST-ZIP	SARASOTA FL 34236	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOCK, BARBARA	
STREET ADDRESS	1304 N LAKE SHORE DR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUTLER, ROBERT	
STREET ADDRESS	7917 ROYAL QUEENSLAND WAY	
CITY-ST-ZIP	LAKEWOOD RANCH, FL 34202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:** DAVID G. PYLE *David G. Pyle* 1/22/04 941-488-8174  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #