


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

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



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

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01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-6196813 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

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

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

| | |
|------------------------------------------------|--------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BOCK, BARBARA 1304 N. LAKE SHORE DR. SARASOTA, FL 34231 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PYLE, DAVID 315 DULMER DR. NOKOMIS, FL 34275 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CUTLER, ROBERT 7917 ROYAL QUEENS LAND WAY LAKEWOOD RANCH, FL 34202 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOCK, DEAN 1304 N LAKE SHORE DR SARASOTA, FL 34231 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PYLE, JANE W 315 DULMER DR NOKOMIS, FL 34275 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HANNAN, ELIZABETH 444 MONROE DR SARASOTA, FL 34236 |

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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 1/11/05 941-488-8174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #