

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N18336** (0)

1. Corporation Name

SARASOTA-MANATEE CORNELL CLUB, INC.

Principal Place of Business

Mailing Address

% RICHARD W. COONEY
1605 MAIN STREET #612
SARASOTA FL 34236-1422

% RICHARD W. COONEY
1605 MAIN STREET #612
SARASOTA FL 34236-1422



3. Date Incorporated or Qualified
01/01/1987

3a. Date of Last Report
04/05/1995

2. Principal Place of Business
21 % DAVID G. PYLE

2a. Mailing Address
26 % DAVID G. PYLE

4. FEI Number
59-6196813

Applied For
Not Applicable

Suite, Apt. #, etc.
22 1070 LAUREL RD E #45B

Suite, Apt. #, etc.
27 1070 LAUREL RD E #45B

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
23 NOKOMIS FL

City & State
28 NOKOMIS FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip
24 34275

Country
25 USA

Zip
29 34275

Country
30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COONEY, RICHARD W.
1605 MAIN STREET #612
SARASOTA FL 34236

81 Name
PYLE, DAVID G.

82 Street Address (P.O. Box Number is Not Acceptable)
1070 LAUREL RD E #45B

83
84 City
NOKOMIS

FL 85 Zip Code
34275

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 **DAVID G. PYLE TREASURER/DIRECTOR** *David G. Pyle*

DATE
3/20/96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **ROSENTHAL, ROBERT**
STREET ADDRESS **5657 PIPERS WAITE**
CITY-ST-ZIP **SARASOTA FL**

1.1 TITLE **V/D** ☒ Change ☐ Addition
1.2 NAME **BOCK, DEAN**
1.3 STREET ADDRESS **1304 N. LAKE SHORE DR**
1.4 CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE **PPD** ☒ DELETE
NAME **SNOWDEN, ROBERT**
STREET ADDRESS **775 JOHN RINGLING BLVD**
CITY-ST-ZIP **SARASOTA FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE
NAME **STAROSTECKI, ANDREW**
STREET ADDRESS **NORTHERN TRUST BANK BOX 1358**
CITY-ST-ZIP **VENICE FL**

3.1 TITLE **T/D** ☒ Change ☐ Addition
3.2 NAME **PYLE, DAVID**
3.3 STREET ADDRESS **1070 LAUREL RD E #45B**
3.4 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **SD** ☐ DELETE
NAME **STRONG, LEAH**
STREET ADDRESS **2925 WOOD PINE CIRCLE**
CITY-ST-ZIP **SARASOTA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **PD** ☒ DELETE
NAME **HALVEY, CORNELIUS**
STREET ADDRESS **1605 N LODGE**
CITY-ST-ZIP **SARASOTA FL**

5.1 TITLE **P/D** ☒ Change ☐ Addition
5.2 NAME **PETER, MARJORIE**
5.3 STREET ADDRESS **SUN TRUST 1777 MAIN ST**
5.4 CITY-ST-ZIP **SARASOTA, FL**

TITLE **D** ☐ DELETE
NAME **OSBORN, TED JR.**
STREET ADDRESS **7979 TAMIAMI TR #262**
CITY-ST-ZIP **SARASOTA FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *David G. Pyle* **DAVID G. PYLE** **TREASURER** **3/20/96** **941 988-8174**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)