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Feb 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

C/O PYLE DAVID G.
1070 LAUREL RD E., #458
NOKOMIS FL 34275
US

Mailing Address

C/O PYLE DAVID G.
1070 LAUREL RD E., #458
NOKOMIS FL 34275-4508
US3. Date Incorporated or Qualified
01/01/19873a. Date of Last Report
03/26/19964. FEI Number
59-6196813Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 315 DULMER DRIVE

Suite, Apt. #, etc.

22

City & State

23 NOKOMIS FL

24 34275

Country

25 US

2a. Mailing Address

26 315 DULMER DRIVE

Suite, Apt. #, etc.

27

City & State

28 NOKOMIS FL

29 34275

Country

30 US

9. Name and Address of Current Registered Agent

PYLE, DAVID G.
1070 LAUREL RD E., #458
NOKOMIS FL 34275

10. Name and Address of New Registered Agent

81 Name PYLE, DAVID G.

82 Street Address (P.O. Box Number is Not Acceptable)
315 DULMER DR

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

(NOTE: Registered Agent signature required when reinstating)

2/19/97

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETENAME BOCK, DEAN
STREET ADDRESS 1304 N LAKE SHORE DR
CITY-ST-ZIP SARASOTA FLTITLE TD ☐ DELETENAME PYLE, DAVID
STREET ADDRESS 1070 LAUREL RD. E., #458
CITY-ST-ZIP NOKOMIS FLTITLE SD ☐ DELETENAME STRONG, LEAH
STREET ADDRESS 2025 WOOD PINE CIRCLE
CITY-ST-ZIP SARASOTA FLTITLE PD ☐ DELETENAME PETER, MARJORIE
STREET ADDRESS SUNTRUST 1777 MAIN ST
CITY-ST-ZIP SARASOTA FLTITLE D ☐ DELETENAME OSBORN, TED JR.
STREET ADDRESS 7079 TAMiami TR #262
CITY-ST-ZIP SARASOTA FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE TD ☒ Change ☐ Addition

2.2 NAME PYLE, DAVID

2.3 STREET ADDRESS 315 DULMER DRIVE

2.4 CITY-ST-ZIP NOKOMIS, FL 34275

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

2/19/97

941-488-8174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 941-488-8174

CP2E037 (9/96)