

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2007 8:00 am**  
**Secretary of State**

01-23-2007 90019 014 \*\*\*\*61.25

**DOCUMENT # N18336**

1. Entity Name

SARASOTA-MANATEE CORNELL CLUB, INC.



Principal Place of Business

315 DULMER DR.  
NOKOMIS, FL 34275 US

Mailing Address

315 DULMER DR.  
NOKOMIS, FL 34275 US



01032007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BILLINGS, JAMES R<br>400 GOLDEN GATE POINT, APT #12<br>SARASOTA, FL 34236   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>PYLE, DAVID<br>315 DULMER DR.<br>NOKOMIS, FL 34275  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>CUTLER, ROBERT<br><del>7817 ROYAL QUEENS LANE WAY</del> 6503 MORRINGS<br>LAKEWOOD RANCH, FL 34202 PND-CIRCLE #102 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BOCK, DEAN<br><del>1304 N LAKE SHORE DR</del> 700 JOHN RINGLING BLVD<br>SARASOTA, FL 34231 34236 #2201             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PYLE, JANE W<br>315 DULMER DR<br>NOKOMIS, FL 34275   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HANNAN, ELIZABETH<br>444 MONROE DR<br>SARASOTA, FL 34236   |

**DO NOT WRITE  
IN THIS SPACE**

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:**

*David G. Pyle* DAVID G. Pyle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/07

Date

941-488-8174

Daytime Phone #