2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18336

FILED Jan 10, 2009 Secretary of State

Entity Name: SARASOTA-MANATEE CORNELL CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: 315 DULMER DR. NOKOMIS, FL 34275 US **Current Mailing Address: New Mailing Address:** 315 DULMER DR NOKOMIS, FL 34275 US FEI Number: 59-6196813 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PYLE, DAVID G 315 DULMER DR. NOKOMIS, FL 34275 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DALLAS, MADOLYN M Name: Name: 3333 CHARLES MACDONALD DR Address: Address: City-St-Zip: SARASOTA, FL 34240 City-St-Zip: Title: TD Title: () Delete () Change () Addition PYLE, DAVID Name: Name: Address: 315 DULMER DR. Address: City-St-Zip: NOKOMIS, FL 34275 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition CUTLER, ROBERT CUTLER, ROBERT Name: Name: 6503 MOURINGS POINT CR 102 7710 WHITEBRIDGE GLEN Address: Address: City-St-Zip: LAKEWOOD RANCH, FL 34202 City-St-Zip: UNIVERSITY PARK, FL 34201 Title: () Delete Title: (X) Change () Addition BOCK, DEAN Name: Name: EISGRAU, MICHAEL 700 JOHN RINGLING BLVD 2201 Address: Address: 1687 BAYSHORE DRIVE City-St-Zip: SARASOTA, FL 34236 City-St-Zip: ENGLEWOOD, FL 34223 Title: () Delete Title: (X) Change () Addition PYLE, JANE W EMERY, HOWARD I Name: Name: 315 DULMER DR 7138 PRESTWICK CT Address: Address: City-St-Zip: NOKOMIS, FL 34275 City-St-Zip: UNIVERSITY PARK, FL 34201 Title: () Delete Title: (X) Change () Addition HOWARD, EMERY I HAMILL, JOAN K Name: Name: Address: 7138 PRESTNICK CT Address: PO BOX 19852 BRADENTON, FL 342012310 SARASOTA, FL 34276 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID G PYLE TD 01/10/2009