

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

2a. Mailing Address

21 % DAVID G. PYLE

26 % DAVID G. PYLE

4. FEI Number
59-6196813

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

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

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

22 1070 LAUREL RD E #45B

27 1070 LAUREL RD E #45B

23 NOKOMIS FL

28 NOKOMIS FL

Zip

Country

Zip

Country

24 34275

25 USA

29 34275

30 USA

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**

85 FL 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*

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 RDE #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** **991 988-8174**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)