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Feb 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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

C/O PYLE DAVID G.
1070 LAUREL RD E., #458
NOKOMIS FL 34275-4508
US

3. Date Incorporated or Qualified
01/01/1987

3a. Date of Last Report
03/26/1996

2. Principal Place of Business

2a. Mailing Address

21 315 DULMER DRIVE

26 315 DULMER DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 NOKOMIS FL

27 City & State
28 NOKOMIS FL

Zip

Country

24 34275

25 US

Zip

Country

29 34275

30 US

4. FEI Number
59-6196813

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
PYLE, DAVID G.

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

83 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

2/19/97

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 DELETE
NAME VD
STREET ADDRESS BOCK, DEAN
1304 N LAKE SHORE DR
CITY-ST-ZIP SARASOTA FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME TD
STREET ADDRESS PYLE, DAVID
1070 LAUREL RD. E., #458
CITY-ST-ZIP NOKOMIS FL

2.1 TITLE Change Addition
2.2 NAME TD
PYLE, DAVID
2.3 STREET ADDRESS 315 DULMER DRIVE
2.4 CITY-ST-ZIP NOKOMIS, FL 34275

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

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME PD
STREET ADDRESS PETER, MARJORIE
SUNTRUST 1777 MAIN ST
CITY-ST-ZIP SARASOTA FL

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

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

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
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

CPRE037 (9/96)