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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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3. Date Incorporated or Qualified
01/01/1987

4. FEI Number
59-6196813

Applied For
 Applied For
 Not Applicable

2. Principal Place of Business 21 315 DULMER DR Suite, Apt. #, etc.	2a. Mailing Address 26 315 DULMER DR Suite, Apt. #, etc.
22 City & State 23 NOKOMIS FL	27 City & State 28 NOKOMIS FL
24 Zip 34275	25 Country USA
29 Zip 34275	30 Country US

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

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
 82 Street Address (P.O. Box Number is Not Acceptable)
315 DULMER DR
 83
 84 City
FL 85 Zip Code

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PXD	<input type="checkbox"/> DELETE
NAME	BOCK, DEAN	
STREET ADDRESS	1304 N LAKE SHORE DR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PYLE, DAVID	
STREET ADDRESS	1070 LAUREL RD E #458 315 DULMER DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STRONG, LEAH	
STREET ADDRESS	2925 WOOD PINE CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PETER, MARJORIE	
STREET ADDRESS	SUNTRUST 1777 MAIN ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OSBORN, TED JR.	
STREET ADDRESS	7979 TAMiami TR #262	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VD PATTY	<input type="checkbox"/> DELETE
NAME	BETTEL, PATTY	
STREET ADDRESS	1660 STONERIDGE TERRACE	
CITY-ST-ZIP	SARASOTA FL 34232	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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** 1/15/98 941-488-8174

CR2E037 (10/97)