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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N18336

1. Corporation Name

SARASOTA-MANATEE CORNELL CLUB, INC.

Principal Place of Business

315 DULMER DR.
 NOKOMIS FL 34275
 US

Mailing Address

8
 1070 LAUREL RD E. #458
 NOKOMIS FL 34275
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 315 DULMER DR
 Suite, Apt. #, etc.

27 City & State

28 NOKOMIS FL

29 Zip

34275

30 Country

US

3. Date Incorporated or Qualified

01/01/1987

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

9. Name and Address of Current Registered Agent

PYLE, DAVID G.
 315 DULMER DR.
 NOKOMIS FL 34275

10. Name and Address of New Registered Agent

81 Name

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

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

David G. Pyle

DAVID G. PYLE

TREASURER

2/27/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
 NAME BOCK, DEAN
 STREET ADDRESS 1304 N LAKE SHORE DR
 CITY-ST-ZIP SARASOTA FL 34231

TITLE TD DELETE
 NAME PYLE, DAVID
 STREET ADDRESS 315 DULMER DR.
 CITY-ST-ZIP NOKOMIS FL 34275

TITLE SD DELETE
 NAME STRONG, LEAH
 STREET ADDRESS 2925 WOOD PINE CIRCLE
 CITY-ST-ZIP SARASOTA FL 34231

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

TITLE D DELETE
 NAME OSBORN, TED JR.
 STREET ADDRESS 7979 TAMiami TR #262
 CITY-ST-ZIP SARASOTA FL 34231

TITLE VD DELETE
 NAME BETTLE, PATTY
 STREET ADDRESS 1660 STONE RIDGE TERR.
 CITY-ST-ZIP SARASOTA FL 34232

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D Change Addition
 1.2 NAME PYLE, JANE W.
 1.3 STREET ADDRESS 315 DULMER DR
 1.4 CITY-ST-ZIP NOKOMIS, FL 34275

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

David G. Pyle REQUIRED

DAVID G. PYLE

2/27/99

941-488-8174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE037 (1/198)