


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N18336</b> 1. Entity Name <b>SARASOTA-MANATEE CORNELL CLUB, INC.</b>	
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Principal Place of Business <b>315 DULMER DR. NOKOMIS, FL 34275 US</b>	Mailing Address <b>315 DULMER DR NOKOMIS, FL 34275 US</b>
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**DO NOT WRITE IN THIS SPACE**

01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-6196813</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

**8.** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

Filing Fee is \$61.25  
Due by May 1, 2005

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOCK, BARBARA 1304 N. LAKE SHORE DR. SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PYLE, DAVID 315 DULMER DR. NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CUTLER, ROBERT 7917 ROYAL QUEENS LAND WAY LAKEWOOD RANCH, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOCK, DEAN 1304 N LAKE SHORE DR SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PYLE, JANE W 315 DULMER DR NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANNAN, ELIZABETH 444 MONROE DR SARASOTA, FL 34236

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01/14/05-80047-023 61.25

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IN THIS SPACE**

**12.** 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David G. Pyle **DAVID G. PYLE** 1/11/05 **941-488-8174**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #