

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18336

FILED
Jan 10, 2009
Secretary of State

Entity Name: SARASOTA-MANATEE CORNELL CLUB, INC.

Current Principal Place of Business:

315 DULMER DR.
NOKOMIS, FL 34275 US

New Principal Place of Business:

Current Mailing Address:

315 DULMER DR
NOKOMIS, FL 34275 US

New Mailing Address:

FEI Number: 59-6196813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DALLAS, MADOLYN M
Address: 3333 CHARLES MACDONALD DR
City-St-Zip: SARASOTA, FL 34240

Title: TD () Delete
Name: PYLE, DAVID
Address: 315 DULMER DR.
City-St-Zip: NOKOMIS, FL 34275

Title: SD () Delete
Name: CUTLER, ROBERT
Address: 6503 MOURINGS POINT CR 102
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: D () Delete
Name: BOCK, DEAN
Address: 700 JOHN RINGLING BLVD 2201
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: PYLE, JANE W
Address: 315 DULMER DR
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: HOWARD, EMERY I
Address: 7138 PRESTNICK CT
City-St-Zip: BRADENTON, FL 342012310

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: CUTLER, ROBERT
Address: 7710 WHITEBRIDGE GLEN
City-St-Zip: UNIVERSITY PARK, FL 34201

Title: D (X) Change () Addition
Name: EISGRAU, MICHAEL
Address: 1687 BAYSHORE DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

Title: D (X) Change () Addition
Name: EMERY, HOWARD I
Address: 7138 PRESTWICK CT
City-St-Zip: UNIVERSITY PARK, FL 34201

Title: D (X) Change () Addition
Name: HAMILL, JOAN K
Address: PO BOX 19852
City-St-Zip: SARASOTA, FL 34276

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID G PYLE

TD

01/10/2009

Electronic Signature of Signing Officer or Director

Date