

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18336

**Entity Name:** CORNELL CLUB OF SARASOTA-MANATEE, INC.

**Current Principal Place of Business:**

3635 FAIR OAKS PL  
LONGBOAT KEY, FL 34228

**FILED**  
**Mar 26, 2014**  
**Secretary of State**  
**CC6508827757**

**Current Mailing Address:**

ARNOLD M MALASKY  
3635 FAIR OAKS PL  
LONGBOAT KEY, FL 34228 US

**FEI Number:** 59-6196813

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MALASKY, ARNOLD M  
ARNOLD M MALASKY  
3635 FAIR OAKS PL  
LONGBOAT KEY, FL 34228 US

*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:** ARNOLD M MALASKY

03/26/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PAST PRESIDENT  
Name BETTLE, PATRICIA  
Address 1660 SONE RIDGE TERRACE  
City-State-Zip: SARASOTA FL 34242

Title TREASURER  
Name MALASKY, ARNOLD M  
Address 3635 FAIR OAKS PL  
City-State-Zip: LONGBOAT KEY FL 34228

Title SECRETARY/BOARD  
Name EMERY, JEAN  
Address 7138 PRESTWICK COURT  
City-State-Zip: UNIVERSITY PARK FL 34201

Title SECRETARY/RESERVATIONS  
Name RUGGIE, SHIRLEE  
Address 238 VESTAVIA DRIVE  
City-State-Zip: VENICE FL 34292

Title VP  
Name ARCHBOLD, J. ALLISON ESQ.  
Address 1924 WEBBER STREET  
City-State-Zip: SARASOTA FL 34249

Title PRESIDENT  
Name CORRIGAN, MICHAEL V.  
Address 420 GOLDEN GATE POINT #600  
City-State-Zip: SARASOTA FL 34236

Title VP  
Name KAUFMAN, STEPHANIE  
Address 6934 W. COUNTRY CLUB DR. N.  
City-State-Zip: SARASOTA FL 34243

Title VP  
Name ROSSIN, A. DAVID DR.  
Address 7325 EATON COURT  
City-State-Zip: UNIVERSITY PARK FL 34201

*I hereby 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 all other like empowered.*

**SIGNATURE:** ARNOLD M MALASKY

**TREASURER**

03/26/2014

Electronic Signature of Signing Officer/Director Detail

Date