2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18336

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

FILED Feb 09, 2016 Secretary of State CC8379122640

Current Principal Place of Business:

3635 FAIR OAKS PL

LONGBOAT KEY. FL 34228

Current Mailing Address:

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

FEI Number: 59-6196813 Certificate of Status Desired: Yes

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 02/09/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **TREASURER** Title SECRETARY/BOARD AND VP COMMUNICATIONS

Name MALASKY, ARNOLD M Name EMERY. JEAN

Address 3635 FAIR OAKS PL Address 7138 PRESTWICK COURT

City-State-Zip: LONGBOAT KEY FL 34228 City-State-Zip: UNIVERSITY PARK FL 34201

Title SECRETARY/RESERVATIONS

SARASOTA FL 34243

Title VP MONTHLY LUNCHEONS Name RUGGIE, SHIRLEE

Name OLESEN, JEFFRY . Address 238 VESTAVIA DRIVE

5515 DOWNHAM MEADOW Address

City-State-Zip: VENICE FL 34292 City-State-Zip: SARASOTA FL 34235

Title **PRESIDENT**

City-State-Zip:

VP, SPECIAL EVENTS Title Name CORRIGAN, MICHAEL V. Name NELSON, ALAN AND LINDA Address **420 GOLDEN GATE POINT** Address 8684 WOODBRIAR DRIVE

#600

City-State-Zip: SARASOTA FL 34238 City-State-Zip: SARASOTA FL 34236

Title PAST PRESIDENT AND VP Title VP, MEMBERSHIP COMMUNICATIONS

Name MILLER, JOHN Name

NEFF JR., ROBERT Address 4344 CAMINO MADERA

Address 7350 S. TAMIAMI TR

SUITE 41

City-State-Zip: SARASOTA FL 34231

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