

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000001122

**Entity Name:** THEATREZONE INC.

**Current Principal Place of Business:**

13275 LIVINGSTON RD.  
NAPLES, FL 34109

**Current Mailing Address:**

2430 VANDERBILT BEACH RD.  
SUITE 108-167  
NAPLES, FL 34109 US

**FEI Number:** 25-1917144

**Certificate of Status Desired:** No

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

DANNI, MARK  
504 CHATHAM CIRCLE  
NAPLES, FL 34110 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name OWENS, SUSAN  
Address 241 BAYFRONT DR.  
City-State-Zip: BONITA SPRINGS FL 34134

Title PRESIDENT  
Name STEVENS, DAVID  
Address 2129 MISSION DRIVE  
City-State-Zip: NAPLES FL 34109

Title D  
Name DANNI, MARK  
Address 504 CHATHAM CIRCLE  
City-State-Zip: NAPLES FL 34110

Title DIRECTOR  
Name BATISTA, TERE  
Address 1864 ALAMANDA DRIVE  
City-State-Zip: NAPLES FL 34102

Title DIRECTOR  
Name ELLEN, ELLEMAN  
Address PO BOX 304  
City-State-Zip: ISLE OF PALMS SC 29451

Title DIRECTOR  
Name REBECCA, GUST  
Address 1707 THIRD STREET SOUTH  
City-State-Zip: NAPLES FL 34102

Title DIRECTOR  
Name CONROY, CAITLIN  
Address 85 CARIBBEAN ROAD  
City-State-Zip: NAPLES FL 34108

Title TREASURER  
Name SALVAGIO, RONALD  
Address 14479 MARSALA WAY  
City-State-Zip: NAPLES FL 34109

**Continues on page 2**

*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:** MARK DANNI

**ARTISTIC DIRECTOR**

**01/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name MCCOY, THOMAS  
Address 260 BAREFOOT BEACH BLVD  
402  
City-State-Zip: BONITA SPRINGS FL 34134