

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20393

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC5136710586**

**Entity Name:** LEMON BAY PLAYHOUSE, INC., THE ENGLEWOOD COMMUNITY THEATRE

**Current Principal Place of Business:**

96 W DEARBORN STREET  
ENGLEWOOD, FL 34223

**Current Mailing Address:**

96 W DEARBORN STREET  
ENGLEWOOD, FL 34223 US

**FEI Number: 59-2803975**

**Certificate of Status Desired: No**

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

LA SALLE, ROBERT M  
10162 TOPSAIL AVE.  
ENGLEWOOD, FL 34224 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 PD/TD  
Name LA SALLE, ROBERT  
Address 10162 TOPSAIL AVE.  
City-State-Zip: ENGLEWOOD FL 34224

Title VD  
Name TYLER, CHARLES  
Address PO BOX 1878  
City-State-Zip: BOCA GRANDE FL 33921

Title D.  
Name NEITZEL, MICHELLE  
Address PO BOX 790  
City-State-Zip: VENICE FL 34284

Title SD  
Name FOX, KIM  
Address 359 ARDENWOOD DR.  
City-State-Zip: ENGLEWOOD FL 34223

Title D  
Name STRAUSS, MICHELL  
Address 3219 24TH PKWY  
City-State-Zip: SARASOTA FL 34235

Title D  
Name SCIARELLO, JAMES P  
Address 374 EDEN DR.  
City-State-Zip: ENGLEWOOD FL 34223

Title D  
Name GOODWIN, RIC  
Address 238 MARINER LN.  
City-State-Zip: ROTONDA WEST FL 33947

*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: ROBERT M. LA SALLE**

**PRESIDENT**

**01/12/2015**

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

\_\_\_\_\_  
Date