

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90174 042 \*\*\*\*61.25

**DOCUMENT # N20393**

1. Entity Name

**LEMON BAY PLAYHOUSE, INC., THE ENGLEWOOD  
COMMUNITY THEATRE**



Principal Place of Business

96 W DEARBORN STREET  
ENGLEWOOD FL 34223  
US

Mailing Address

96 W DEARBORN ST  
ENGLEWOOD FL 34223  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2803975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

**LASALLE, ROBERT M  
10162 TOPSAIL AVE  
ENGLEWOOD FL 34224**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HANUSHEN, JAMES E	
STREET ADDRESS	150 N. OXFORD DR	
CITY ST / ZIP	ENGLEWOOD FL 34223	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ARDREY, MARY L	
STREET ADDRESS	2115 W. DOLPHINS DR.	
CITY ST / ZIP	ENGLEWOOD FL 34223	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PHILLIPS, PAUL	
STREET ADDRESS	740 SUMMERSEA CT	
CITY ST / ZIP	ENGLEWOOD FL 34223	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LASALLE, ROBERT	
STREET ADDRESS	10162 TOPSAIL AVE	
CITY ST / ZIP	ENGLEWOOD FL 34224	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TREMU, ROSEALN	
STREET ADDRESS	2255 NORTH BEACH RD.	
CITY ST / ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARDREY, MARY LOU	
STREET ADDRESS	2115 W. DOLPHIN AVE	
CITY ST / ZIP	ENGLEWOOD FL 34223	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHYLLIS ROLLO	
STREET ADDRESS	800 OXFORD DR S.	
CITY ST / ZIP	ENGLEWOOD, FL 34223	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOYCE COLMAR	
STREET ADDRESS	724 A Manasseta Key Rd.	
CITY ST / ZIP	Englewood, FL 34223	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST / ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST / ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**PAUL PHILLIPS**

*Paul Phillips*

3/12/07

941-474-1250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #