

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90071 009 \*\*\*\*61.25

**DOCUMENT # N93000005269**

1. Entity Name  
**LANSBROOK NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business  
**250 VENICE GOLF CLUB DR.  
VENICE, FL 34292**

Mailing Address  
**250 VENICE GOLF CLUB DR.  
VENICE, FL 34292**

40104818



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

04182007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0447515**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMAS, BARBARA  
250 VENICE GOLF CLUB DR.  
VENICE, FL 34292**

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 reinstating)

DATE

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME HANAWALT, BILL  
STREET ADDRESS 250 VENICE GOLF CLUB DR.  
CITY-ST-ZIP VENICE, FL 34292

TITLE ~~McCabe, Phil~~ ☒ Change ☒ Addition  
NAME ~~P, D~~  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME MCCABE, PHIL  
STREET ADDRESS 250 VENICE GOLF CLUB DR.  
CITY-ST-ZIP VENICE, FL 34292

TITLE P, D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SO ☐ Delete  
NAME MILLER, RICH  
STREET ADDRESS 250 VENICE GOLF CLUB DR.  
CITY-ST-ZIP VENICE, FL 34292

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☒ Delete  
NAME WERRELL, TERRY  
STREET ADDRESS 250 VENICE GOLF CLUB DR.  
CITY-ST-ZIP VENICE, FL 34292

TITLE ~~Mouat, Mike~~ ☐ Change ☒ Addition  
NAME ~~T, D~~  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DAS ☐ Delete  
NAME RUBIN, GLO  
STREET ADDRESS 250 VENICE GOLF CLUB DR.  
CITY-ST-ZIP VENICE, FL 34292

TITLE VP, D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~Johnston, Jim~~ ☐ Change ☒ Addition  
NAME ~~D~~  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

*Phil McCabe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07

Date

941-496-8482

Daytime Phone #