FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:06

DOCUMENT # 706459 (5)

1. Corporation Name
HAWTHORNE HOUSE, INC.

Principal Place of Business	Mailing Address
3201 N.E. 29TH ST. FT. LAUDERDALE FL 33308	3201 N.E. 29TH ST. FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/22/1963
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-1114211 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DESJOURDY, EDWARD
3201 N E 29TH ST
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	1.1 TITLE	VPD	☒ Change ☐ Addition
NAME	RONALD THOMPSON,	1.2 NAME		
STREET ADDRESS	3201 N.E. 29TH ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP		
TITLE	TD	2.1 TITLE	D.	☒ Change ☐ Addition
NAME	EDNA KELLY,	2.2 NAME		
STREET ADDRESS	3201 N.E. 29TH STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	COVIELLO, JOSEPH	3.2 NAME		
STREET ADDRESS	3201 NE 20TH ST. #207	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	3.4 CITY-ST-ZIP		
TITLE	VPD	4.1 TITLE	VPD	☒ Change ☐ Addition
NAME	WEISSER, AARON	4.2 NAME		
STREET ADDRESS	3201 NE 29 ST #104	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	SD	☐ Change ☐ Addition
NAME	HUSSEY, NANCY	5.2 NAME		
STREET ADDRESS	3201 NE 29TH ST #108	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	TD	☐ Change ☐ Addition
NAME	DESJOURDY, EDWARD	6.2 NAME		
STREET ADDRESS	3201 N.E. 29TH ST.,#108	6.3 STREET ADDRESS		
CITY-ST-ZIP	FT.LAUDERDALE FL	6.4 CITY-ST-ZIP		

		PD	WEISSER, AARON 3201 N.E. 29TH ST. #104 FT. LAUDERDALE, FL - 33308
		VPD	COVIELLO, JOSEPH 3201 N.E. 29TH #207 FT. LAUDERDALE, FL - 33308
		SD	ARTHUR, ROBERT 3201 N.E. 29TH ST. #106 FT. LAUDERDALE, FL - 33308
		TD	KELLY, EDNA 3201 N.E. 29TH ST #308 FT. LAUDERDALE, FL - 33308

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3-14-95 305-565-9454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048681

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE $130.00	ANNUAL REPORT $61.25 + $68.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

Reminder:

1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible.
2. Include information in Blocks 3 and 4 if not preprinted by the computer.
3. Signature of the proper officer or director as noted in instructions for Block 14.
4. Indicate liability for intangible tax under s. 199.032, Florida Statutes, in Block 8.
5. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Department of State.) Fee is $130.00.

Block 1. Block 1 is preprinted with the corporat ...wiously reported to our office. The name of corporation cannot be changed by v...

Block 2. Enter the principal place of business if ...ted, in Block 2.

Block 2a. If the computer-entered mailing addres ...ptable.

Block 3. Enter the date of incorporation or quali...

Block 3a. Enter the file date of the last filed annu...

Block 4. Complete Block 4 by entering your Fed... is preprinted in Block 4, you must now provide the FEI number. For assist...

Block 5. Should you desire a certificate reflecting... an additional $8.75 with your filing fee.

Block 6. Florida law allows for a voluntary contri... paigns for the offices of the Governor and members of the Cabinet. If you wou...

Block 7. If this corporation is a non-profit corpor... check the box. The corporation is not subject to the $68.75 supplement... ns must pay the supplemental corporation fee. Please direct all questi...

Block 8. Check the appropriate box. Please direct...

Block 9. The law requires that each corporation h... rrect, enter the correct information in Block 10. There is no additional fee to...

Block 10. Enter name of new Registered Agent and... cceptable for service of process. THE CORPORATION CANNOT BE ITS OW...

Block 11. The new registered agent must indicate ... his appointment by completing and signing in Block 11. No signature is nece... ion, the person signing must state their position with the corporation. NOTE...

Block 12. Block 12 contains the last information or... ions or additions are to be made in block 13. If there is no change in the info...

Block 13. Block 13 is for changes or additions to th... the following type symbols on the title line: *P=President; V=Vice President; ... s more than one position, enter all positions, e.g., S/D; V/S; V/T/D.* A NON-P... EET ADDRESSES. THE LETTER "D" or "T" MUST BE PLACED BY THE NAME ... E OR OLDER. NOTE: If officer or director's address is confidential pursuan... ictors must list street addresses. If there is no street address, enter the ma...

Block 14. This report must be signed in Block 14w... tor of the Corporation that is listed in Block 12, Block 13 if a change, or on a... signed by the trustee or receiver. A signature placed on an attachment in l...

7- DIRECTORS FOR 1995

AARON WEISSER P-D

JOSEPH CORLEY VP-D

JOSEPH COVIELLO- VP-D

ROBERT ARTHUR S-D

EDNA KELLY T-D

EDWARD DESJOURDY- D

GARY TRUOCCHIO - D

Send only 1995 Preprinted Annual Re... ls address:
with stub and check to:

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500
Phone Number: (904) 487-6056

Annual Reports Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Street Address (Overnight Delivery):
409 East Gaines Street
Tallahassee, Florida 32399

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.