


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90024 008 \*\*\*\*61.25

**DOCUMENT # 706459**  
1. Entity Name  
**HAWTHORNE HOUSE, INC.**



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



2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.


1st MOORE CR2E037 (10/05)

City & State, Zip, Country

4. FEI Number: **59-1114211**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WEISSER, AARON  
3201 NE 29TH STREET  
SUITE 104  
FORT LAUDERDALE FL 33308**

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 reinstating) DATE: \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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: VPD NAME: WEISSER, AARON STREET ADDRESS: 3201 NE 29TH ST., #104 CITY-ST-ZIP: FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE: PD NAME: TEMPESTA, CLIFFORD STREET ADDRESS: 3201 N.E. 29TH ST H 205 CITY-ST-ZIP: FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE: SD NAME: CORLEY, PAT STREET ADDRESS: 3201 NE 29TH ST APT 306 CITY-ST-ZIP: FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE: D NAME: COVIELLO, JOSEPH STREET ADDRESS: 3201 NE 29 ST #207 CITY-ST-ZIP: FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE: TD NAME: TRUOCCHIO, GARY STREET ADDRESS: 3201 NE 29TH ST, # 305 CITY-ST-ZIP: FORT LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Delete
TITLE: VPD NAME: MAGNANI, ARTHUR STREET ADDRESS: 3201 NE 29TH ST. #103 CITY-ST-ZIP: FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: <b>IANNATTEO, JACK</b> STREET ADDRESS: <b>3201 NE 29TH ST. APT 308</b> CITY-ST-ZIP: <b>FORT LAUDERDALE, FL. 33308</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 