

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90027 043 ****61.25

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



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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-1114211 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: **ARTHUR MAGNANI**
 Street Address (P.O. Box Number is Not Acceptable): **3201 NE 29TH STREET**
APT 103
 City: **FORT LAUDERDALE** FL Zip Code: **33308**

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: **ARTHUR MAGNANI** *Arthur Magnani* **3-5-08**
Signature, typed or printed name of registered agent (and title, if applicable). (NOTE: Registered Agent signature is required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	PD WEISSER, AARON 3201 NE 29TH ST., #104 FORT LAUDERDALE FL 33308 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALLBERG, LEIGH 3201 NE 29TH ST. APT 302 FORT LAUDERDALE FL 33308 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CORLEY, PAT 3201 NE 29TH ST APT 306 FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COVIELLO, JOSEPH 3201 NE 29 ST #207 FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD IAMMATTEO, JACK 3201 N.E. 29TH ST., APT. 308 FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAGNANI, ARTHUR 3201 NE 29TH ST. #103 FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HALLBERG, GINNY <u>PRESIDENT</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3201 NE 29th St, APT 302 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KIMBALL, MARIE <u>Director</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3201 NE 29th St APT 103 F
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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: *Arthur Magnani* **ARTHUR MAGNANI** VPD **3-5-08** **954-563-7149**