

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706459

FILED
Jan 11, 2012
Secretary of State

Entity Name: HAWTHORNE HOUSE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1114211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGNANI, ARTHUR
3201 NE 29TH STREET
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: HALLBERG, GINNY
Address: 3201 NE 29TH ST APT 302
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D
Name: KIMBALL, MARIE
Address: 3201 NE 29TH ST APT 102
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: SD
Name: PHILIPPS, MARTHA
Address: 3201 NE 29TH ST APT 303
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D
Name: VILENO, MARY
Address: 3201 NE 29 ST #107
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: TD
Name: IAMMATTEO, JACK
Address: 3201 N.E. 29TH ST., APT. 308
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VPD
Name: MAGNANI, ARTHUR
Address: 3201 NE 29TH ST. #103
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GINNY HALLBERG

PRES

01/11/2012

Electronic Signature of Signing Officer or Director

Date