

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001360

1. Entity Name

LEVY-IANNONE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

337 MADISON ST  
HOLLYWOOD FL 33019  
US

Mailing Address

337 MADISON ST  
HOLLYWOOD FL 33019-2106  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

IANNONE, MERCEDES  
337 MADISON ST  
HOLLYWOOD FL 33019

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.

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PDT	IANNONE, MERCEDES	337 MADISON ST	HOLLYWOOD FL 33019	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	AMBURGEY, JILLIAN	5160 CONROY RD H1417	ORLANDO FL 32811	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	IANNONE, MERCEDES	339 MADISON ST	HOLLYWOOD FL 33019	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	WALKER, LENORE	339 MADISON ST	HOLLYWOOD FL 33019	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 24, 2000 8:00 am  
Secretary of State

01-24-2000 90029 005 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0458883  
Applied For  
Not Applicable

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

CR2E037 (9/99)