

2001 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
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0458883

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IANNONE, MERCEDES
337 MADISON ST
HOLLYWOOD FL 33019**

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 | PDT | <input type="checkbox"/> Delete |
| NAME | IANNONE, MERCEDES | |
| STREET ADDRESS | 337 MADISON ST | |
| CITY-ST-ZIP | HOLLYWOOD FL 33019 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | AMBURGEY, JILLIAN | |
| STREET ADDRESS | 5160 CONROY RD H1417 | |
| CITY-ST-ZIP | ORLANDO FL 32811 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | IANNONE, MERCEDES | |
| STREET ADDRESS | 339 MADISON ST | |
| CITY-ST-ZIP | HOLLYWOOD FL 33019 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | WALKER, LENORE | |
| STREET ADDRESS | 339 MADISON ST | |
| CITY-ST-ZIP | HOLLYWOOD FL 33019 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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

1-13-01

Daytime Phone #

305-628-6641**FILED
Jan 23, 2001 8:00 am
Secretary of State**

01-23-2001 90017 029 ****61.25

606521

DO NOT WRITE IN THIS SPACE

003058

CR2E037 (10/00)