


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000001360**

1. Entity Name  
**LEVY-IANNONE HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**337 MADISON ST**      **337 MADISON ST**  
**HOLLYWOOD, FL 33019 US**      **HOLLYWOOD, FL 33019 US**



01112005 No Chg-NP      CR2E037 (10/03)

4. FEI Number <b>65-0458883</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**8. Name and Address of Current Registered Agent**

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT IANNONE, MERCEDES 337 MADISON ST HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD IANNONE, MERCEDES 337 MADISON ST. HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALKER, LENORE 339MADISON ST HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/13/05-80023-015 70.00

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:** *Mercedes Iannone*      \_\_\_\_\_      \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #