


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM
Secretary of State

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| DOCUMENT # N93000001360 |  |
| 1. Entity Name LEVY-IANNONE HOMEOWNER'S ASSOCIATION, INC. | |

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| Principal Place of Business 337 MADISON ST HOLLYWOOD, FL 33019 US | Mailing Address 337 MADISON ST HOLLYWOOD, FL 33019 US |
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04192006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

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| 6. Name and Address of Current Registered Agent IANNONE, MERCEDES 337 MADISON ST HOLLYWOOD, FL 33019 |
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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 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 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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05/06/06-80094-022 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Mercedes Iannone 4-17-06 954-929-2611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #