

**2007 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

2007 NOV 19 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N02000009361			
1. Entity Name INDEPENDENCE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 4788 W COMMERCIAL BLVD TAMARAC, FL 33319		Mailing Address 4788 W COMMERCIAL BLVD TAMARAC, FL 33319	
2. Principal Place of Business - No P.O. Box # 10191 W SAMPLE RD		3. Mailing Address 10191 W SAMPLE RD	
Suite, Apt. #, etc. SUITE 203		Suite, Apt. #, etc. 203	
City & State CORAL SPRINGS FL		City & State CORAL SPRINGS FL	
Zip 33065	Country USA	Zip 33065	Country USA
4. FEI Number 54-2084709		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent STREIT, THOMAS E 222 LAKEVIEW WAVE SUITE 400 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name J + L PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 10191 W SAMPLE RD SUITE 203 City CORAL SPRINGS FL Zip Code 33065	
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	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHACK, MICHAEL 4788 W COMMERCIAL BLVD TAMARAC, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BETH ACKER (PRES) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6051 ADRIATIC WAY W PALM BEACH FL 33413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELFINO, ALEJANDRO 4788 W COMMERCIAL BLVD TAMARAC, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID BUSCHER (VP) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6283 ADRIATIC WAY W PALM BEACH FL 33413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, CARLOS 4788 W COMMERCIAL BLVD TAMARAC, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARIA VALENTIN (SEC) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6078 ADRIATIC WAY W PALM BEACH FL 33413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUANITA FRANCO (TREAS) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6348 ADRIATIC WAY W PALM BEACH FL 33413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300112415333 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/19/07--01039--003 **61.25
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
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:		Date: 11/19/07 (56) 684-6936	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	