2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 8:00 am
Secretary of State
03-27-2008 90029 029 ****61.25

DOCUMENT # N02000009361

1. Entity Name

INDEPENDENCE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10191 W SAMPLE RD SUITE 203 ~~CIRAK GABLES FL~~ 33065	10191 W SAMPLE RD SUITE 203 ~~CIRAK GABLES~~ FL 33065

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
c/o J+L MANAGEMENT	c/o J+L MANAGEMENT
Suite, Apt. #, etc.: 10191 W SAMPLE RD #203	Suite, Apt. #, etc.: 10191 W SAMPLE RD #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 ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
J-&-L-PROPERTY MANAGEMENT 10191 W SAMPLE RD SUITE 203 ~~CORAL GABLES~~ FL 33065 CORAL SPRINGS	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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P ACKER, BETH 6051 ADRIATIC WAY W PALM BEACH FL 33413	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ ~~BUSCHEK, DAVID~~ ~~6283 ADRIATIC WAY~~ ~~W PALM BEACH FL 33413~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VALENTIN ~~VAREHTIM~~, MARIA 6078 ADRIATIC WAY W PALM BEACH FL 33413	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARIA VALENTIN 6078 ADRIATIC WAY W PALM BEACH FL 33413 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~T~~ FRANCO, JUANITA 6348 ADRIATIC WAY W PALM BEACH FL 33413	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FRANCO, Juanita 6348 Adriatic Way West Palm Beach, FL 33413 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JASON Richards 509 Alejandro Cane West Palm Beach, FL 33413 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Beth B. Acker pres/resident 3/19/08