

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 09, 2009  
Secretary of State**

DOCUMENT# N02000009361

Entity Name: INDEPENDENCE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O PRIME MANAGEMENT GROUP, INC.  
6300 PARK OF COMMERCE BLVD.  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PRIME MANAGEMENT GROUP, INC.  
6300 PARK OF COMMERCE BLVD.  
BOCA RATON, FL 33487

**New Mailing Address:**

FEI Number: 54-2084709      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRADFORD, HAL R ESQ.  
625 N. FLAGLER DRIVE  
9TH FLOOR  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

- Title: P ( ) Delete  
Name: ACKER, BETH  
Address: 6051 ADRIATIC WAY  
City-St-Zip: W PALM BEACH, FL 33413
- Title: VP ( ) Delete  
Name: VALENTIN, MARIA  
Address: 6078 ADRIATIC WAY  
City-St-Zip: WEST PALM BEACH, FL 33413
- Title: D ( ) Delete  
Name: MALDONADO, ROBERT  
Address: 7361 IMPERIAL LAKE RD.  
City-St-Zip: WEST PALM BEACH, FL 33413
- Title: T ( ) Delete  
Name: RICHARDS, JASON  
Address: 509 ALEJANDRO LANE  
City-St-Zip: WEST PALM BEACH, FL 33413
- Title: S ( ) Delete  
Name: FINE, SEAN  
Address: 638 PERDIDO HEIGHTS DR.  
City-St-Zip: WEST PALM BEACH, FL 33413
- Title: D ( ) Delete  
Name: BOGLE, KATIA  
Address: 6408 ADRIATIC WAY  
City-St-Zip: WEST PALM BEACH, FL 33413

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

- Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:
- Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:
- Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:
- Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:
- Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S.TEAFF

AGEN

03/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date