2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 14, 2007
Secretary of State

DOCUMENT# N04000003177

Entity Name: INDEPENDENCE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

107 N. LINE DR.
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

107 N. LINE DR.
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 90-0259847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUTHERLAND, THERESA D
107 N. LINE DR.
APOPKA, FL 32703 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: DP ( ) Delete
Name: HAWKS, CANDICE
Address: 11315 CORPORATE BLVD. SUITE 250
City-St-Zip: ORLANDO, FL 32827 US

Title: DVP ( ) Delete
Name: BRUNO, ROBERT
Address: 14213 PLEACH STREET
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: DST ( ) Delete
Name: BROWN, FRANCES
Address: 7402 FIQUETTE RD.
City-St-Zip: WINDERMERE, FL 34786 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: COOMER, PAT
Address: 11315 CORPORATE BLVD. SUITE 250
City-St-Zip: ORLANDO, FL 32817 US

Title: DVP (X) Change ( ) Addition
Name: HAWKS, CANDICE
Address: 11315 CORPORATE BLVD. SUITE 250
City-St-Zip: ORLANDO, FL 32817 US

Title: DST (X) Change ( ) Addition
Name: GONZALEZ, ROLANDO
Address: 11315 CORPORATE BLVD. SUITE 250
City-St-Zip: ORLANDO, FL 32817 US

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: PAT COOMER PD 08/14/2007

Electronic Signature of Signing Officer or Director — Date