

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 28, 2008
Secretary of State

DOCUMENT# N04000003177

Entity Name: INDEPENDENCE COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 328224457 US**New Principal Place of Business:****Current Mailing Address:**5955 T.G. LEE BLVD.
SUITE 300
ORLANDO, FL 328224457 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:**LELAND MANAGEMENT
5955 T.G. LEE BLVD.
SUITE 300
ORLANDO, FL 328224457 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: DOLAN, ROB
Address: 11315 CORPORATE BLVD. SUITE 250
City-St-Zip: ORLANDO, FL 32817 US**Title:** DVP () Delete
Name: HAWKS, CANDICE
Address: 11315 CORPORATE BLVD. SUITE 250
City-St-Zip: ORLANDO, FL 32817 US**Title:** DST () Delete
Name: GONZALEZ, ROLANDO
Address: 11315 CORPORATE BLVD. SUITE 250
City-St-Zip: ORLANDO, FL 32817 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DP (X) Change () Addition
Name: FRANKS, COLBY
Address: 11315 CORPORATE BLVD. SUITE 250
City-St-Zip: ORLANDO, FL 32817 US**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: CANDICE HAWKS

DVP

08/28/2008

Electronic Signature of Signing Officer or Director

Date