

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768416

**Entity Name:** INDEPENDENCE BAY COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**1776 INDEPENDENCE DR.  
DEERFIELD BEACH, FL 33442**Current Mailing Address:**C/O PREMIER ASSOCIATION SERVICES  
2800 W. STATE ROAD 84 SUITE 118  
FT. LAUDERDALE, FL 33312**FEI Number:** 59-2333774**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF  
1 EAST BROWARD BLVD., SUITE 1800  
FT. LAUDERDALE, FL 33301 US*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

**Officer/Director Detail :**

Title P  
Name DONOVAN, PATRICIA  
Address 2800 W. STATE RD 84  
SUITE 118  
City-State-Zip: FT. LAUDERDALE FL 33312

Title T  
Name BOSS, LOTUS  
Address 2800 W. STATE RD 84  
SUITE 118  
City-State-Zip: FT. LAUDERDALE FL 33312

Title S  
Name WILLIAMS, ANN  
Address 2800 W. STATE ROAD 84  
SUITE 118  
City-State-Zip: FT. LAUDERDALE FL 33312

Title VP  
Name TARVER, JACQUE  
Address 2800 W. STATE RD. 84  
SUITE 118  
City-State-Zip: FT. LAUDERDALE FL 33312

Title DIRECTOR  
Name TIMMONS, WILEY  
Address 2800 W. STATE RD 84  
SUITE 118  
City-State-Zip: FT. LAUDERDALE FL 33312

Title DIRECTOR  
Name ELDABBAS, MAIDA  
Address 2800 W. STATE RD. 84  
SUITE 118  
City-State-Zip: FT. LAUDERDALE FL 33312

Title ASST. TREASURER  
Name CUTOLO, ROBERT  
Address 2800 W, STATE RD 84  
SUITE 118  
City-State-Zip: FT. LAUDERDALE FL 33312

Title DIRECTOR  
Name BASS, RUSTY  
Address 2800 W. STATE RD. 84  
118  
City-State-Zip: FT. LAUDERDALE FL 33312

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*I hereby 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 all other like empowered.*

**SIGNATURE: PATRICIA DONOVAN****PRESIDENT****03/20/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	APPLEBEE, DAWN
Address	2800 W. STATE RD 84 118
City-State-Zip:	FT. LAUDERDALE FL 33312