

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000009361

**FILED**  
**Apr 05, 2017**  
**Secretary of State**  
**CC8412565175**

**Entity Name:** INDEPENDENCE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CAPITAL REALTY ADVISORS INS  
600 SANDTREE DRIVE STE 109  
PALM BEACH GARDENS, FL 33403

**Current Mailing Address:**

C/O CAPITAL REALTY ADVISORS INS  
600 SANDTREE DRIVE STE 109  
PALM BEACH GARDENS, FL 33403 US

**FEI Number:** 54-2084709

**Certificate of Status Desired:** No

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

ROSENBAUM MOLLENGARTEN  
250 SOUTH AUSTRALIAN AVE  
5TH FLOOR  
WEST PALM BEACH, FL 33401 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:** PETER MOLLENGARDEN

04/05/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TD  
Name FRANCO, JENNY  
Address C/O CAPITAL REALTY ADVISORS INS  
600 SANDTREE DRIVE STE 109  
City-State-Zip: PALM BEACH GARDENS FL 33403

Title P  
Name BOGLE, KATIA  
Address C/O CAPITAL REALTY ADVISORS INS  
600 SANDTREE DRIVE STE 109  
City-State-Zip: PALM BEACH GARDENS FL 33403

Title VPD  
Name FYFE, TREVOR  
Address C/O CAPITAL REALTY ADVISORS INS  
600 SANDTREE DRIVE STE 109  
City-State-Zip: PALM BEACH GARDENS FL 33403

Title DIR  
Name REYES-COLES, THOMAS  
Address C/O CAPITAL REALTY ADVISORS INS  
600 SANDTREE DRIVE STE 109  
City-State-Zip: PALM BEACH GARDENS FL 33403

Title DIR  
Name ARIAS, GORETTI  
Address C/O CAPITAL REALTY ADVISORS INS  
600 SANDTREE DRIVE STE 109  
City-State-Zip: PALM BEACH GARDENS FL 33403

*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:** KATIA BOGLE

P

04/05/2017

Electronic Signature of Signing Officer/Director Detail

Date