

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 06, 2009**  
**Secretary of State**

DOCUMENT# N02000009361

**Entity Name:** INDEPENDENCE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O BANYAN PROPERTY MGMT  
2328 S CONGRESS AVE SUITE 1C  
WEST PALM BEACH, FL 33406**New Principal Place of Business:****Current Mailing Address:**C/O BANYAN PROPERTY MGMT  
2328 S CONGRESS AVE SUITE 1C  
WEST PALM BEACH, FL 33406**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:**CAPLAN, LOU ESQ.  
6111 BROKEN SOUND PARK WAY NW  
SUITE 200  
BOCA RATON, FL 33487 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: LOU CAPLAN

08/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VALENTIN, MARIA  
Address: 6078 ADRIATIC WAY  
City-St-Zip: W PALM BEACH, FL 33413

Title: VP ( ) Delete  
Name: RICHARDS, JASON  
Address: 509 ALEJANDRO LANE  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: D ( ) Delete  
Name: FRANCO, JUANITA  
Address: 6348 ADRIATIC WAY  
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:

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: MARIA VALENTIN

PD

08/06/2009

Electronic Signature of Signing Officer or Director

Date