

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002413

FILED
Jan 08, 2007
Secretary of State

Entity Name: INDEPENDENCE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11145 TAMIAMI TRAIL EAST
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

11145 TAMIAMI TRAIL EAST
NAPLES, FL 34113

New Mailing Address:

FEI Number: 26-0110189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DURSO, SAMUEL J M.D
891 PARTRIDGE COURT
MARCO ISLAND, FL 34145 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: P () Delete
Name: HALSTEAD, LINDSEY
Address: 2225 BEACON LANE
City-St-Zip: NAPLES, FL 34103 US

Title: VP () Delete
Name: HALL, REGINA
Address: 1200 ALLEGIANCE WAY
City-St-Zip: IMMOKALEE, FL 34142 US

Title: STD () Delete
Name: KUMAZEC, MELANIE R
Address: 640 N. 9TH ST
City-St-Zip: IMMOKALEE, FL 34142 US

Title: S () Delete
Name: ARMAND, JUNIE
Address: 1205 ALLEGIANCE WAY
City-St-Zip: IMMOKALEE, FL 34142 US

Title: T () Delete
Name: OCANAS, MINERVA
Address: 1192 ALLEGIANCE WAY
City-St-Zip: IMMOKALEE, FL 34142 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: KUMAZEC, MELANIE R
Address: 640 N. 9TH ST
City-St-Zip: IMMOKALEE, FL 34142 US

Title: AS (X) Change () Addition
Name: ARMAND, JUNIE
Address: 1205 ALLEGIANCE WAY
City-St-Zip: IMMOKALEE, FL 34142 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDSAY HALSTEAD

P

01/08/2007

Electronic Signature of Signing Officer or Director

Date