

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011218

FILED
Apr 15, 2008
Secretary of State

Entity Name: INDEPENDENCE COURT COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O BRIAN JONES
1857 OAK BRANCH DRIVE
SARASOTA, FL 34232

New Principal Place of Business:

4400 INDEPENDENCE COURT
SARASOTA, FL 34234

Current Mailing Address:

C/O BRIAN JONES
1857 OAK BRANCH DRIVE
SARASOTA, FL 34232

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JONES, BRIAN
1857 OAK BRANCH DRIVE
SARASOTA, FL 34232 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: PD () Delete
Name: JONES, BRIAN
Address: 1857 OAK BRANCH DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: TD () Delete
Name: JONES, JILL
Address: 1857 OAK BRANCH DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: VD () Delete
Name: WILLIAMS, CHAD
Address: 2075 47TH STREET
City-St-Zip: SARASOTA, FL 34234

Title: SD () Delete
Name: HEFFNER, JASON
Address: 11815 CLUBHOUSE DRIVE
City-St-Zip: BRADENTON, FL 34202

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: BRIAN JONES

PD

04/15/2008

Electronic Signature of Signing Officer or Director

Date