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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726892 (3)
1. Corporation Name
ISLA MERITA CONDOMINIUM, INC.

Principal Place of Business Mailing Address
3640 CITRUS TRACE FT. LAUDERDALE FL 33328 3640 CITRUS TRACE FT. LAUDERDALE FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/06/1973 3a. Date of Last Report 06/13/1994

4. FEI Number 59-1749306 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent
KELLEY, LINDA K.
3623 CITRUS TRACE
DAVIE FL 33328

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	HILL CLIFF 3614 CITRUS TRACE DAVIE FL	1.1 TITLE PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME HARNISCH, ROBERT	
STREET ADDRESS		1.3 STREET ADDRESS 3628 CITRUS TRACE	
CITY-ST-ZIP		1.4 CITY-ST-ZIP DAVIE, FL	
TITLE VP	SADQWSKY, SHERMAN 3601 CITRUS TRACE DAVIE FL	2.1 TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME THEODORE W. WOODRUFF	
STREET ADDRESS		2.3 STREET ADDRESS 9630 CITRUS TRACE #4	
CITY-ST-ZIP		2.4 CITY-ST-ZIP DAVIE, FL 33142	
TITLE TD	KELLEY, LINDA 3623 CITRUS TRACE DAVIE FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE ATD	JOHNSON, MARY JANE 3600 CITRUS TRACE DAVIE FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 8/7/95 305 474 1424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Title #)