

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726892

FILED
Jul 04, 2005
Secretary of State

Entity Name: ISLA MERITA CONDOMINIUM, INC.

Current Principal Place of Business:

3640 CITRUS TRACE
FT. LAUDERDALE, FL 33328

New Principal Place of Business:

Current Mailing Address:

3640 CITRUS TRACE
FT. LAUDERDALE, FL 33328

New Mailing Address:

FEI Number: 59-1749306 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WODRICH, THEODORE W
3630 CITRUS TRACE #4
DAVIE, FL 33328 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: WODRICH, THEODORE W.
Address: 3630 CITRUS TRACE #4
City-St-Zip: DAVIE, FL 33328

Title: TD () Delete
Name: BRIGHT, CHRISTINE
Address: 3628 CITRUS TRACE
City-St-Zip: DAVIE, FL 33328

Title: SD () Delete
Name: RASMUSSEN, MARY J
Address: 3600 CITRUS TRACE #1
City-St-Zip: DAVIE, FL 33328

Title: VD () Delete
Name: DASHIFF, CARY
Address: 3660 CITRUS TRACE #3
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: ARMAND, CORINNE
Address: 3615 CITRUS TRACE #1
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: KELLEY, LINDA
Address: 3623 CITRUS TRACE
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: O'CONNOR, BRIAN
Address: 3626 CITRUS TRACE
City-St-Zip: DAVIE, FL 33328

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: D (X) Change () Addition
Name: ROSSI, JAMES
Address: 3645 CITRUS TRACE #6
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THEODORE W. WODRICH

PD

07/04/2005

Electronic Signature of Signing Officer or Director

_____ Date