


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90208 021 ****61.25

DOCUMENT # 726892
 1. Entity Name
 ISLA MERITA CONDOMINIUM, INC.




Principal Place of Business
 3640 CITRUS TRACE
 DAVIE, FL 33328

Mailing Address
 3640 CITRUS TRACE
 DAVIE, FL 33328

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

60001100



01042007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
 O'CONNOR, BRIAN
 3626 CITRUS TRACE
 DAVIE, FL 33328

4. FEI Number
 59-1749306

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: 1/10/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	O'CONNOR, BRIAN	3626 CITRUS TRACE	DAVIE, FL 33328	<input type="checkbox"/>
VD	DASHIFF, CARY	3660 CITRUS TRACE #3	DAVIE, FL 33328	<input type="checkbox"/>
SD	RASMUSSEN, MARY J	3600 CITRUS TRACE #1	DAVIE, FL 33328	<input checked="" type="checkbox"/>
D	CHIN, VIVIENNE	3627 CITRUS TRACE	DAVIE, FL 33328	<input type="checkbox"/>
D	ARMAND, CORINNE	3615 CITRUS TRACE #1	DAVIE, FL 33328	<input type="checkbox"/>
D	HERMAN, JUDY	3637 CITRUS TRACE	DAVIE, FL 33328	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TREASURER	Laura Bailey	3624 Citrus Trace	DAVIE, FL 33328	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY	Carolyn House	3635 Citrus Trace	DAVIE, FL 33328	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 1-10-07 DAYTIME PHONE #: 954-767-0185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR