

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726892

FILED
Mar 19, 2009
Secretary of State

Entity Name: ISLA MERITA CONDOMINIUM, INC.

Current Principal Place of Business:

3640 CITRUS TRACE
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

3640 CITRUS TRACE
DAVIE, FL 33328

New Mailing Address:

FEI Number: 59-1749306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL, P.A.
1501 N.W. 49TH ST.
SUITE 202
FT. LAUDERDALE, FL 33309 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: VD () Delete
Name: DASHIFF, CARY
Address: 3660 CITRUS TRACE #3
City-St-Zip: DAVIE, FL 33328

Title: T () Delete
Name: BAILEY, LAURA
Address: 3624 CITRUS TRACE
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: SHERMAN, SADOWSKY
Address: 3601 CITRUS TRACE
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: HERMAN, JUDY
Address: 3637 CITRUS TRACE
City-St-Zip: DAVIE, FL 33328

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: D () Change (X) Addition
Name: BREON, BETTY
Address: 3653 CITRUS TRACE
City-St-Zip: DAVIE, FL 33328

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: LAURA BAILEY

T

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date