## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#735914**

FILED Mar 28, 2009 Secretary of State

Entity Name: ISLA MERITA HOMEOWNERS' CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
11784 W SAMPLE RD CORAL SPRINGS, FL 33065				11784 W SAMPLE RD #103 CORAL SPRINGS, FL 33065			
Current Mailing Address:				New Mailing Address:			
11784 W SAMPLE RD CORAL SPRINGS, FL 33065				11784 W SAMPLE RD #103 CORAL SPRINGS, FL 33065			
FEI Number:	: 59-1681814	FEI Number Applied For ( )	FEI Nur	mber Not Appl	licable ( )	Certificate of Status D	esired()
Name and	Address of (	Current Registered Agent:		Name and	Address of I	New Registered Age	ent:
				11784 WE: #103 CORAL SF	ST SAMPLE F PRINGS, FL 3	33065 US	
	named entity e of Florida.	submits this statement for the	purpose o	of changing i	ts registered (	office or registered ag	ent, or both,
SIGNATURE: RENEE CAM[BELL						03/28/2009	
	Electro	nic Signature of Registered Ag	gent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	VPD ( REINKING, BA 3679 E. CITRU DAVIE, FL 333	S TRACE		Title: Name: Address: City-St-Zip:	(	) Change()Addition	
Title: Name: Address: City-St-Zip:	JULIANO, HON	) Delete EY EY GREEN DR.		Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	TD ( BECKER, PAM 3664 E. CITRU DAVIE, FL 333	S TRACE		Title: Name: Address: City-St-Zip:	VPD (X SANTANA, VLA 3661 W. CITRI DAVIE, FL 333	US TRACE	
Title: Name: Address: City-St-Zip:	SD ( LARSEN, DEB 3754 W. VALL DAVIE, FL 333	EY GREEN DR		Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( RAHINOWITZ, 3680 E. CITRU DAVIE, FL 333	S TRACE		Title: Name: Address: City-St-Zip:	RINEY, HOLLY	EY GREEN DRIVE	
Title: Name: Address: City-St-Zip:	D ( BEADLE, ANTO 3701 W. CITRI DAVIE, FL 333	JS TRACE		Title: Name: Address: City-St-Zip:	(	) Change ()Addition	

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: MARY LOU PLAMER AGT 03/28/2009