

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/8/95: \$100 (IF DISSOLVED, MAXIMUM AMOUNT DUE TO REINSTATE: \$200)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 JUN 30 AM 9:15

**DOCUMENT # 739759 (9)**  
 1. Corporation Name  
**ISLA MERITA HOMEOWNERS' CONDOMINIUM ASSOCIATION II, INC.**

Principal Place of Business Mailing Address  
 P. O. BOX 290281 P. O. BOX 290281  
 DAVIE FL 33329 DAVIE FL 33329

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quicker <b>07/29/1977</b>	3a. Date of Last Report <b>04/21/1994</b>
4. FEI Number <b>59-1787766</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing/Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt # etc	26. State, Apt #, etc
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent  
**MURZO, ROBERT**  
**3625 W. BELL DRIVE**  
**DAVIE FL 33328**

10. Name and Address of New Registered Agent  
 81 Name **LAWRENCE MIKASHUS**  
 82 Street Address (P. O. Box Number is Not Acceptable) **3601 W. Bell Dr.**  
 83  
 84 City **DAVIE** FL 85 Zip Code **33328**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Lawrence Mikashus* **Lawrence Mikashus, President** 6-6-95  
(Date) (Signature of person named as registered agent or the registered agent) (Title) (Date)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>BURNETT, ANGIE</b>
STREET ADDRESS	<b>3611 E. FORGE RD.</b>
CITY, ST, ZIP	<b>DAVIE FL 33328</b>
TITLE	<b>VP</b>
NAME	<b>FLANNERY, JAMES</b>
STREET ADDRESS	<b>3629 W. BELL DRIVE</b>
CITY, ST, ZIP	<b>DAVIE FL 33328</b>
TITLE	<b>P</b>
NAME	<b>MURZO, ROBERT</b>
STREET ADDRESS	<b>3625 WEST BELL DR</b>
CITY, ST, ZIP	<b>DAVIE FL</b>
TITLE	<b>T</b>
NAME	<b>HERHOLD, THOMAS J</b>
STREET ADDRESS	<b>3628 E FORGE RD</b>
CITY, ST, ZIP	<b>DAVIE FL</b>
TITLE	<b>S</b>
NAME	<b>TARRANT, DENISE M</b>
STREET ADDRESS	<b>3652 E FORGE RD</b>
CITY, ST, ZIP	<b>DAVIE FL</b>
TITLE	<b>D</b>
NAME	<b>PRIEBE, MEL</b>
STREET ADDRESS	<b>3620 W. BELL DRIVE</b>
CITY, ST, ZIP	<b>DAVIE FL 33328</b>

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>President MIKASHUS, LAWRENCE</b>
33 STREET ADDRESS	<b>3601 WEST BELL DR.</b>
34 CITY, ST, ZIP	<b>DAVIE, FL 33328</b>
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>Treasurer SMITH, MARTHA</b>
43 STREET ADDRESS	<b>3669 W. FORGE RD.</b>
44 CITY, ST, ZIP	<b>DAVIE, FL 33328</b>
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>Secretary McNEIL, JOSETTE</b>
53 STREET ADDRESS	<b>3644 EAST BELL DR.</b>
54 CITY, ST, ZIP	<b>DAVIE, FL 33328</b>
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>Director VENEMA, ROBERT</b>
63 STREET ADDRESS	<b>3665 WEST BELL DRIVE</b>
64 CITY, ST, ZIP	<b>DAVIE, FL 33328</b>

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or (Block 13 if changed), or on an attachment with an address.

SIGNATURE: *Lawrence Mikashus* **Lawrence Mikashus, President** June 6, 1995 (305) 424-9259  
(Signature) (Name) (Date) (Phone Number)

CR2E037 (3/95)