

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 739759 (9)

1. Corporation Name

ISLA MERITA HOMEOWNERS' CONDOMINIUM ASSOCIATION II, INC.



Principal Place of Business

Mailing Address

P. O. BOX 290281
DAVIE FL 33329

P. O. BOX 290281
DAVIE FL 33329

3. Date Incorporated or Qualified
07/29/1977

3a. Date of Last Report
06/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-1797766

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MIKASHUS, LAWRENCE
3601 W BELL DRIVE
DAVIE FL 33328**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
P	BURNETT, ANGIE	3601 W BELL DRIVE	DAVIE FL	<input type="checkbox"/>
T	SMITH, MARTHA	3669 W FORGE ROAD	DAVIE FL	<input type="checkbox"/>
P	MURZO, ROBERT	3625 WEST BELL DR	DAVIE FL	<input checked="" type="checkbox"/>
T	HERHOLD, THOMAS J	3628 E FORGE RD	DAVIE FL	<input checked="" type="checkbox"/>
S	TARRANT, DENISE M	3652 E FORGE RD	DAVIE FL	<input checked="" type="checkbox"/>
D	PRIEBE, MEL	3620 W. BELL DRIVE	DAVIE FL 33328	<input checked="" type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Director	Burnett, Angie	3617 East Forge Road	Davie, FL 33328	<input checked="" type="checkbox"/>
Secretary				<input checked="" type="checkbox"/>
President	James Flannery	3629 W Bell Drive	Davie, FL 33328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Director	Dale Walke	3621 East Forge Road	Davie, FL 33328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Director	Robert Venema	3665 West Bell Drive	Davie, FL 33328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Treas.	Donna Westworth	3626 East Bell Drive	Davie, FL 33328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Donna Westworth*

3/11/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)