

FILE NOW: FILING FEE IS \$61.25

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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 739759 (9)

1. Corporation Name
ISLA MERITA HOMEOWNERS' CONDOMINIUM ASSOCIATION II, INC.



Principal Place of Business P. O. BOX 290281 DAVIE FL 33329	Mailing Address P. O. BOX 290281 DAVIE FL 33329-0281
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3. Date Incorporated or Qualified 07/29/1977	3a. Date of Last Report 03/21/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 28 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

4. FEI Number 59-1797766	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MKASHUS, LAWRENCE
3601 W BELL DRIVE
DAVIE FL 33328

10. Name and Address of New Registered Agent

81 Name Donna Wentworth
82 Street Address (P.O. Box Number is Not Acceptable) 3626 East Bell Drive
83
84 City Davie
85 Zip Code FL 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 Donna Wentworth, Treasurer Donna Wentworth 4/6/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	BURNETT, ANGIE
STREET ADDRESS	3601 W BELL DRIVE
CITY-ST-ZIP	DAVIE FL
TITLE	<input type="checkbox"/> DELETE
NAME	SMITH, MARTHA
STREET ADDRESS	3669 W FORGE ROAD
CITY-ST-ZIP	DAVIE FL
TITLE	<input type="checkbox"/> DELETE
NAME	FLANNERY, JAMES
STREET ADDRESS	3629 W. BELL DRIVE
CITY-ST-ZIP	DAVIE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	WALKE, DALE
STREET ADDRESS	3821 EAST FORGE ROAD
CITY-ST-ZIP	DAVIE FL
TITLE	<input type="checkbox"/> DELETE
NAME	VENEMA, ROBERT
STREET ADDRESS	3865 WEST BELL DRIVE
CITY-ST-ZIP	DAVIE FL
TITLE	<input type="checkbox"/> DELETE
NAME	WENTWORTH, DONNA
STREET ADDRESS	3626 EAST BELL DRIVE
CITY-ST-ZIP	DAVIE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VP Bruce Herrold
1.3 STREET ADDRESS	3653 W Bell Drive
1.4 CITY-ST-ZIP	Davie, FL 33328
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D Richard Thomas
4.3 STREET ADDRESS	3616 E. Forge Road
4.4 CITY-ST-ZIP	Davie, FL 33328
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Wentworth, Treasurer Donna Wentworth 3/10/97 954 444 2010

CR2E037 (9/96)