


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 04 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified
07/29/1977

4. FEI Number **59-1797766**
Applied For Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**WENTWORTH, DONNA
3626 E BELL DR
DAVIE FL 33328**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERROLD, BRUCE	1.2 NAME	
STREET ADDRESS	3650 W BELL DR	1.3 STREET ADDRESS	3653 W Bell Dr
CITY-ST-ZIP	DAVIE FL	1.4 CITY-ST-ZIP	Davie, FL 33328
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, MARTHA	2.2 NAME	Secretary
STREET ADDRESS	3669 W FORGE ROAD	2.3 STREET ADDRESS	Mary Kelley
CITY-ST-ZIP	DAVIE FL	2.4 CITY-ST-ZIP	3633 W. Bell Drive Davie, FL 33328
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLANNERY, JAMES	3.2 NAME	
STREET ADDRESS	3629 W. BELL DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, RICHARD	4.2 NAME	
STREET ADDRESS	3616 E FORGE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VENEMA, ROBERT	5.2 NAME	Director
STREET ADDRESS	3665 WEST BELL DRIVE	5.3 STREET ADDRESS	Frank Lizzi
CITY-ST-ZIP	DAVIE FL	5.4 CITY-ST-ZIP	3612 E. Forge Road Davie, FL 33328
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENTWORTH, DONNA	6.2 NAME	
STREET ADDRESS	3626 EAST BELL DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	6.4 CITY-ST-ZIP	

14. I 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 **Donna Wentworth 4/1/98**

CR2E037 (10/97)