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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 739759

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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/29/1977	4. FEI Number 59-1797766	Applied For 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	

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	85	Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL	
83		
84 City		

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HERROLD, BRUCE	
STREET ADDRESS	3653 W BELL DR	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KELLEY, MARY	
STREET ADDRESS	3633 W BELL DRIVE	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FLANNERY, JAMES	
STREET ADDRESS	3629 W. BELL DRIVE	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, RICHARD	
STREET ADDRESS	3616 E FORGE RD	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIZZI, FRANK	
STREET ADDRESS	3612 E FORGE ROAD	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	T	<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	Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dale E. Walke	
1.3 STREET ADDRESS	3621 East Forge Road	
1.4 CITY-ST-ZIP	Davies FL 33328	
2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jean Battin	
3.3 STREET ADDRESS	3637 West Forge Road	
3.4 CITY-ST-ZIP	Davie FL 33328	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mark Martin	
4.3 STREET ADDRESS	3658 East Bell Drive	
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 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, with all other like empowered.

SIGNATURE: Donna Wentworth 1/20/99 Date Daytime Phone #

CR2E037 (1/198)