

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739759

1. Entity Name

ISLA MERITA HOMEOWNERS' CONDOMINIUM ASSOCIATION

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90190 040 ****61.25

Principal Place of Business	Mailing Address
P. O. BOX 290281 DAVIE FL 33329	P. O. BOX 290281 DAVIE FL 33329-0281



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
59-1797766	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WENTWORTH, DONNA
 3626 E BELL DR
 DAVIE FL 33328

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	WALKE, DALE	
STREET ADDRESS	3621 EAST FORGE RD	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KELLEY, MARY	
STREET ADDRESS	3633 W BELL DRIVE	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	S	<input type="checkbox"/> Delete
NAME	BATTIN, JEAN	
STREET ADDRESS	3637 WEST FORGE RD	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, MARK	
STREET ADDRESS	3658 EAST BELL DR	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOOVER, RICHARD	
STREET ADDRESS	3672 E. Forge Rd	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF DONNA WENTWORTH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)