

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90391 036 \*\*\*\*61.25

**DOCUMENT # 739759**  
1. Entity Name  
**ISLA MERITA HOMEOWNERS' CONDOMINIUM  
ASSOCIATION II, INC.**



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

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

3. Mailing Address  
*GRS Management of Broward*  
Suite, Apt. #, etc.  
*7900 NW 155 Street Suite 205*  
City & State  
*Miami Lakes Florida*  
Zip Country  
*33016*



MOORE CR2E037 (11/03)  
4. FEI Number **59-1797766**  
Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HOOVER, RICHARD  
3672 E. FORGE RD.  
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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

T NAME DOUTRICH, ANITA STREET ADDRESS 3650 EAST BELL DRIVE CITY-ST-ZIP DAVIE FL 33328	<input type="checkbox"/> Delete
P NAME HOOVER, RICHARD STREET ADDRESS 3672 E FORGE RD CITY-ST-ZIP DAVIE FL 33328	<input type="checkbox"/> Delete
S NAME SINGLETARY, MARION STREET ADDRESS 3628 E FORGE RD. CITY-ST-ZIP DAVIE FL 33328	<input checked="" type="checkbox"/> Delete
D NAME MARTIN, MARK STREET ADDRESS 3658 EAST BELL DR CITY-ST-ZIP DAVIE FL	<input checked="" type="checkbox"/> Delete
D NAME STAPLES, ELIZABETH STREET ADDRESS 3645 WEST BELL DRIVE CITY-ST-ZIP DAVIE FL 33328	<input type="checkbox"/> Delete
D NAME HENRIQUEZ, JOYCE STREET ADDRESS 3602 WEST BELL DRIVE CITY-ST-ZIP DAVIE FL 33328	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

P NAME Hoover Richard STREET ADDRESS 3672 East Forge Road CITY-ST-ZIP Davie, Florida 33328	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME Egan, Ronald STREET ADDRESS 3662 East Bell Drive CITY-ST-ZIP Davie, Florida 33328-2610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S/D NAME DOUTRICH, ANITA STREET ADDRESS 3650 EAST BELL DRIVE CITY-ST-ZIP Davie, Florida 33328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T/D NAME Staples, Elizabeth STREET ADDRESS 3645 West Bell Drive CITY-ST-ZIP Davie, Florida 33328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME Lizzi, Franklin STREET ADDRESS 3612 East Forge Road CITY-ST-ZIP Davie, Florida 33328-2	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME Henriquez, Joyce STREET ADDRESS 3602 West Bell Drive CITY-ST-ZIP Davie, Florida 33328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:** *Richard Hoover* **PRESIDENT** **4/2/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #