


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90193 007 ****61.25

DOCUMENT # 739759					
1. Entity Name ISLA MERITA HOMEOWNERS' CONDOMINIUM ASSOCIATION II, INC.					
Principal Place of Business P. O. BOX 290281 DAVIE, FL 33329		Mailing Address GPS MANAGEMENT OF BROWARD 7900 NW 155 STREET SUITE 205 HIALEAH, FL 33016			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-1797766	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOOVER, RICHARD 3672 E. FORGE RD. DAVIE, FL 33328			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WENTWORTH, DONNA		NAME	<i>Lizzi, Frank</i>	
STREET ADDRESS	3626 EAST BELL DRIVE		STREET ADDRESS	<i>3612 East Forge Rd</i>	
CITY-ST-ZIP	DAVIE, FL 33328		CITY-ST-ZIP	<i>DAVIE FL 33328</i>	
TITLE	P	<input type="checkbox"/> Delete	TITLE		
NAME	HOOVER, RICHARD		NAME		
STREET ADDRESS	3672 E FORGE RD		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33328		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		
NAME	EGAN, RONALD		NAME		
STREET ADDRESS	3662 EAST BELL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33328		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		
NAME	DOURICH, ANITA		NAME		
STREET ADDRESS	3650 EAST BELL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33328		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		
NAME	STAPLES, ELIZABETH		NAME		
STREET ADDRESS	3645 WEST BELL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33328		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	HENRIQUEZ, JOYCE		NAME		
STREET ADDRESS	3602 WEST BELL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33328		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Richard Hoover</i>		RICHARD HOOVER		4/26/06 954 474-2827	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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