

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90036 032 \*\*\*\*61.25

**20007519**



01072007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # 739759</b>			
1. Entity Name ISLA MERITA HOMEOWNERS' CONDOMINIUM ASSOCIATION II, INC.		Mailing Address SWIFT MANAGEMENT SOLUTIONS INC. 1750 UNIVERSITY DRIVE, #205 CORAL SPRINGS, FL 33071	
Principal Place of Business P. O. BOX 290281 DAVIE, FL 33329		Mailing Address SWIFT MANAGEMENT SOLUTIONS INC. 1750 UNIVERSITY DRIVE, #205 CORAL SPRINGS, FL 33071	
2. Principal Place of Business - No P.O. Box # <i>3645 W Bell Drive</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Davie FL</i>		City & State	
Zip <i>33328</i>		Country <i>USA</i>	
4. FEI Number <i>59-1797766</i>		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 HOOVER, RICHARD 3672 E. FORGE RD. DAVIE, FL 33328		7. Name and Address of New Registered Agent Name <i>Elizabeth Staples</i> Street Address (P.O. Box Number is Not Acceptable) <i>3645 West Bell Drive</i> City <i>Davie</i> FL Zip Code <i>33328</i>	
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 <i>x Elizabeth Staples</i> DATE <i>1-20-07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME D WENTWORTH, DONNA STREET ADDRESS 3626 EAST BELL DRIVE CITY-ST-ZIP DAVIE, FL 33328	<input type="checkbox"/> Delete	TITLE NAME VP STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME P HOOVER, RICHARD STREET ADDRESS 3672 E FORGE RD CITY-ST-ZIP DAVIE, FL 33328	<input checked="" type="checkbox"/> Delete	TITLE NAME D STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VP EGAN, RONALD STREET ADDRESS 3662 EAST BELL DRIVE CITY-ST-ZIP DAVIE, FL 33328	<input type="checkbox"/> Delete	TITLE NAME SD STREET ADDRESS 3650 EAST BELL DRIVE FORT LAUDERDALE, FL 33328	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME TD STAPLES, ELIZABETH STREET ADDRESS 3645 WEST BELL DRIVE CITY-ST-ZIP DAVIE, FL 33328	<input type="checkbox"/> Delete	TITLE NAME D HENRIQUEZ, JOYCE STREET ADDRESS 3602 WEST BELL DRIVE CITY-ST-ZIP DAVIE, FL 33328	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>x Elizabeth Staples</i>		Date <i>1-20-07</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	