

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739759

FILED
Jan 17, 2009
Secretary of State

Entity Name: ISLA MERITA HOMEOWNERS' CONDOMINIUM ASSOCIATION II, INC.

Current Principal Place of Business:

3645 W. BELL DR.
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

SWIFT MANAGEMENT SOLUTIONS INC.
1750 UNIVERSITY DRIVE, #205
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 59-1797766 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STAPLES, ELIZABETH
3645 W. BELL DR.
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WENTWORTH, DONNA
Address: 3626 EAST BELL DRIVE
City-St-Zip: DAVIE, FL 33328

Title: SD () Delete
Name: DOUTRICH, ANITA
Address: 3650 EAST BELL DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: TD () Delete
Name: STAPLES, ELIZABETH
Address: 3645 WEST BELL DRIVE
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: HENRIQUEZ, JOYCE
Address: 3602 WEST BELL DRIVE
City-St-Zip: DAVIE, FL 33328

Title: VP () Delete
Name: BOYCE, ROBERT
Address: 3672 E. FORGE ROAD
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA WENTWORTH

P

01/17/2009

Electronic Signature of Signing Officer or Director

_____ Date