

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90953 009 ****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: P. O. BOX 290281, DAVIE FL 33329

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country



11020341



CHECK HERE IF MAKING CHANGES

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VP NAME: WALKE, DALE STREET ADDRESS: 3621 EAST FORGE RD CITY-ST-ZIP: DAVIE FL 33328	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: Doutrich, Anita STREET ADDRESS: 3650 East Bell Drive CITY-ST-ZIP: Davie, Florida 33328-2	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: P NAME: HOOVER, RICHARD STREET ADDRESS: 3672 E FORGE RD CITY-ST-ZIP: DAVIE FL 33328	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: SINGLETARY, MARION STREET ADDRESS: 3628 E FORGE RD. CITY-ST-ZIP: DAVIE FL 33328	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MARTIN, MARK STREET ADDRESS: 3658 EAST BELL DR CITY-ST-ZIP: DAVIE FL	<input type="checkbox"/> Delete	TITLE: VP NAME: Martin, Mark STREET ADDRESS: 3658 East Bell Drive CITY-ST-ZIP: Davie, Florida 33328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: LIZZI, FRANK STREET ADDRESS: 3612 E FORGE ROAD CITY-ST-ZIP: DAVIE FL 33328	<input checked="" type="checkbox"/> Delete	TITLE: 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
TITLE: D NAME: WENTWORTH, DONNA STREET ADDRESS: 3662 E BILL DR. CITY-ST-ZIP: DAVIE FL 33328	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Henriquez, Joyce STREET ADDRESS: 3602 West Bell Drive CITY-ST-ZIP: Davie, Florida 33328-2	<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: *[Handwritten Signature]*

CR2E037 (10/02)