

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 739759

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

**FILED**  
**Aug 21, 2018**  
**Secretary of State**  
**CC8625004749**

**Current Principal Place of Business:**

C/O ASSOCIATION SERVICES OF FLORIDA  
10112 USA TODAY WAY  
MIRAMAR, FL 33025

**Current Mailing Address:**

C/O ASSOCIATION SERVICES OF FLORIDA  
10112 USA TODAY WAY  
MIRAMAR, FL 33025 US

**FEI Number:** 59-1797766

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RODRIGUEZ, MARC  
C/O ASSOCIATION SERVICES OF FLORIDA  
10112 USA TODAY WAY  
MIRAMAR, FL 33025 US

*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:** MARC RODRIGUEZ

08/21/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HILL, LINDA  
Address        10112 USA TODAY WAY  
City-State-Zip: MIRAMAR FL 33025  
  
Title            DIRECTOR  
Name            RYAN-LEDERMAN, CANDICE  
Address        10112 USA TODAY WAY  
City-State-Zip: MIRAMAR FL 33025  
  
Title            VICE PRESIDENT  
Name            VERNEUS-GOLAUB, DONNET  
Address        10112 USA TODAY WAY  
City-State-Zip: MIRAMAR FL 33025

Title            DIRECTOR  
Name            CORREA, NORMA  
Address        10112 USA TODAY WAY  
City-State-Zip: MIRAMAR FL 33025  
  
Title            TREASURER  
Name            JAFFE, AMANDA L.  
Address        10112 USA TODAY WAY  
City-State-Zip: MIRAMAR FL 33025  
  
Title            SECRETARY  
Name            JAFFE, AMANDA L.  
Address        10112 USA TODAY WAY  
City-State-Zip: MIRAMAR FL 33025

*I hereby 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 all other like empowered.*

**SIGNATURE:** LINDA HILL

**PRESIDENT**

08/21/2018

