

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766618

FILED
Apr 17, 2008
Secretary of State

Entity Name: NEW HAVEN CONDOMINIUM II ASSOCIATION, INC.

Current Principal Place of Business:

1019 10TH CIR STE
LARGO, FL 33771 US

New Principal Place of Business:

Current Mailing Address:

4326 20TH STREET NORTH
ST. PETERSBURG, FL 33714 US

New Mailing Address:

FEI Number: 59-2289042 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'ROURKE, DOROTHY
1210 10TH CIRCLE
LARGO, FL 33771 US

Name and Address of New Registered Agent:

ROWE, JOANNE
1103 9TH CIRCLE
LARGO, FL 33771 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: JOANNE ROWE

04/17/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: O'ROURKE, DOROTHY
Address: 1210 10TH CIRCLE
City-St-Zip: LARGO, FL 33771

Title: T () Delete
Name: BOWIE, CATHY
Address: 1123 9TH CIRCLE
City-St-Zip: LARGO, FL 33771

Title: S () Delete
Name: MCCOOL, JOAN
Address: 1131 9TH CIRCLE
City-St-Zip: LARGO, FL 33771

Title: D () Delete
Name: WRIGHT, GAIL
Address: 1214 9TH CIRCLE
City-St-Zip: LARGO, FL 33771

Title: VP (X) Delete
Name: ROWE, JOANNE
Address: 1103 9TH CIRCLE
City-St-Zip: LARGO, FL 33771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROWE, JOANNE
Address: 1103 9TH CIRCLE
City-St-Zip: LARGO, FL 33771

Title: T (X) Change () Addition
Name: MCCOOL, JOAN
Address: 1131 9TH CIRCLE
City-St-Zip: LARGO, FL 33771

Title: S (X) Change () Addition
Name: WRIGHT, GAIL
Address: 1214 9TH CIRCLE
City-St-Zip: LARGO, FL 33771

Title: D (X) Change () Addition
Name: HERRERO, VERONICA
Address: 1123 9TH CIRCLE
City-St-Zip: LARGO, FL 33771

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: HELEN HOPPE

MGR

04/17/2008

Electronic Signature of Signing Officer or Director

Date