


FILED
May 09, 2007 8:00 am
Secretary of State

04-13-2007 90187 003 ****50.00
 05-09-2007 90095 014 ****11.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000000498

1. Entity Name
HARVARD PHASE II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1501 HARVARD CIRCLE
 MELBOURNE, FL 32905**

Mailing Address
**1501 HARVARD CIRCLE
 MELBOURNE, FL 32905**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01182007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-434951

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KIPPER, DAVID
 1501 HARVARD CIRCLE
 MELBOURNE, FL 32905**

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  DATE **4/10/07**

Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when re-issuing)

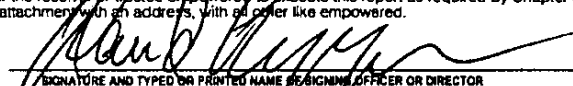
Filing Fee is **\$61.25** Due by **May 1, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD KIPPER, DAVID 1501 HARVARD CIRCLE MELBOURNE, FL 32905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TOLMAN, GARY 1501 HARVARD CIRCLE MELBOURNE, FL 32905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KLENCK, MICHELE 1501 HARVARD CIRCLE MELBOURNE, FL 32905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 or without like empowered.

SIGNATURE:  DATE **4/10/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR