2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000498

FILED Feb 04, 2008 Secretary of State

Entity Name: HARVARD PHASE II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1501 HARVARD CIRCLE MELBOURNE, FL 32905

Current Mailing Address: New Mailing Address:

1501 HARVARD CIRCLE MELBOURNE, FL 32905

FEI Number: 20-4134951 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BECKER & POLIAKOFF, P.A. C/O PERRY M. ADAIR, ESQ. 121 ALHAMBRA PLAZA,10TH FLOOR CORAL GABLES, FL 33134 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 KIPPER, DAVID
 Name:
 WILF, LEONARD A

 Address:
 1501 HARVARD CIRCLE
 Address:
 820 MORRIS TURNPIKE

 City-St-Zip:
 MELBOURNE, FL 32905
 City-St-Zip:
 SHORT HILLS, NJ 07078

Title: VPD () Delete Title: VPD (X) Change () Addition

 Name:
 TOLMAN, GARY
 Name:
 WILF, ZYGMUNT

 Address:
 1501 HARVARD CIRCLE
 Address:
 820 MORRIS TURNPIKE

 City-St-Zip:
 MELBOURNE, FL 32905
 City-St-Zip:
 SHORT HILLS, NJ 07078

Title: STD () Delete Title: SD (X) Change () Addition Name: KLENCK, MICHELE Name: WILF, MARK

Address: 1501 HARVARD CIRCLE Address: 820 MORRIS TURNPIKE
City-St-Zip: MELBOURNE, FL 32905 City-St-Zip: SHORT HILLS, NJ 07078

Title: () Delete Title: TD () Change (X) Addition

 Name:
 Name:
 HOFFMAN, MARK

 Address:
 Address:
 820 MORRIS TURNPIKE

 City-St-Zip:
 City-St-Zip:
 SHORT HILLS, NJ 07078

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: MARK HOFFMAN TD 02/04/2008