

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000498

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: HARVARD PHASE II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

896 SHORT HILLS LN.  
MELBOURNE, FL 32905

**New Principal Place of Business:**

896 SHORT HILLS LANE  
MELBOURNE, FL 32905

**Current Mailing Address:**

5505 N. ATLANTIC AVE, SUITE 207  
COCOA BEACH, FL 32931

**New Mailing Address:**

5505 N. ATLANTIC AVE,  
207  
COCOA BEACH, FL 32931

FEI Number: 20-4134951

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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:**

Title: PD ( ) Delete  
Name: WILF, LEONARD A  
Address: 820 MORRIS TURNPIKE  
City-St-Zip: SHORT HILLS, NJ 07078

Title: VPD ( ) Delete  
Name: WILF, ZYGMUNT  
Address: 820 MORRIS TURNPIKE  
City-St-Zip: SHORT HILLS, NJ 07078

Title: SD ( ) Delete  
Name: WILF, MARK  
Address: 820 MORRIS TURNPIKE  
City-St-Zip: SHORT HILLS, NJ 07078

Title: TD ( ) Delete  
Name: HOFFMAN, MARK  
Address: 820 MORRIS TURNPIKE  
City-St-Zip: SHORT HILLS, NJ 07078

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARK HOFFMAN

TD

04/15/2009

Electronic Signature of Signing Officer or Director

Date