


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90144 035 ****61.25

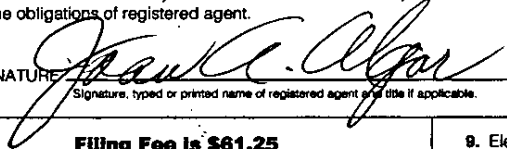
DOCUMENT # 766618	
1. Entity Name NEW HAVEN CONDOMINIUM II ASSOCIATION, INC.	

Principal Place of Business 1204-1019 10TH CIR SE LARGO, FL 33771 US	Mailing Address C/O RESOURCE MANAGEMENT 7300 PARK ST. SEMINOLE, FL 33777 US
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2. Principal Place of Business 1019 10th Cir SE	3. Mailing Address 1400 NEW HAVEN DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LARGO FL	City & State LARGO FL
Zip 33771	Zip 33771
Country US	Country US

6. Name and Address of Current Registered Agent REINHARDT, DEBRA RESOURCE PROPERTY MANAGEMENT 7300 PARK ST. SEMINOLE, FL 33777	
7. Name and Address of New Registered Agent Name: JOAN ALGAR Street Address (P.O. Box Number is Not Acceptable): 1207 11th Cir SE City: NEW HAVEN CONDO II City: LARGO FL Zip Code: 33771	

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: 3-21-05
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$81.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALGAR, JOAN 1207-11TH CIR SE LARGO, FL 33771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZIBILICH ZIBILICH, GLORIA 1019 10TH CIR SE LARGO, FL 33771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WESTBROOK, HELEN 1216 10TH CIR LARGO, FL 33771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CATHY BOWIE 1123 9th Cir SE LARGO FL 33771 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S O'ROURKE, DOROTHY 1210 10TH CIR LARGO, FL 33771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STRVKOWSKI, MARY 1109 9TH CIR LARGO, FL 33771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOANNE ROWE 1103 9th Cir SE LARGO FL 33771 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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 all other like empowered.	
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SIGNATURE: 	DATE: 3-21-05	DAYTIME PHONE: (727) 585-7688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

40066110



03182005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2289042	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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