


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000002990
 1. Entity Name
HYER - AMELIA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
1001 E AMELIA STREET
ORLANDO, FL 32803

Mailing Address
1001 E AMELIA STREET
ORLANDO, FL 32803

DO NOT WRITE IN THIS SPACE



01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3665860	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, JERRY
1001 E AMELIA ST
ORLANDO, FL 32803

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution ~~\$5.00~~ may be Added to Fees

U00000787399
 01/17/08-80080-012 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAMINSKY, DAVID 507 N HYER AVENUE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARRIS, JERRY 1001 E AMELIA STREET ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CARTY, MICHEAL 1003 E. AMELIA ST ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE:  **J.L. HARRIS, STD** 1/14/08 407-843-6898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #