

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90022 003 \*\*\*\*61.25

66002998



**DOCUMENT # N07000005380**

1. Entity Name  
**HAMLIN INDUSTRIAL CENTER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**3120 COMMUNICATIONS ROAD  
 ST CLOUD, FL 34769**

Mailing Address  
**3120 COMMUNICATIONS ROAD  
 ST CLOUD, FL 34769**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

01162008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**26-0309977** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**QUINN, DANNY  
 3120 COMMUNICATIONS ROAD  
 ST CLOUD, FL-34769**

7. Name and Address of New Registered Agent

Name **Ferdinandson Enterprises**

Street Address (P.O. Box Number is Not Acceptable)  
**2884 S. Osceola Avenue**

City **Orlando** FL Zip Code **32806**

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 *[Signature]* *Victi Dize* *2/12/08*

Signature, typed or printed name of registered agent, and title if applicable. (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

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	DP QUINN, DANNY 3120 COMMUNICATIONS ROAD ST CLOUD, FL 34769 <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	DVP QUINN, DANIEL 3120 COMMUNICATIONS ROAD ST CLOUD, FL 34769 <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	DS QUINN, CONNIE 3120 COMMUNICATIONS ROAD ST CLOUD, FL 34769 <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	<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	<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	<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 all other like empowered.

SIGNATURE *[Signature]* *2/13/08* *W-957-5022*

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

ATTACHMENT

February 15<sup>th</sup> 2008

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302

66002948  
# 107000005380

To Whom it may concern;

The form for Hamlin Industrial Center was sent without the corrected Registered Agent.  
Please make these corrections as we have already sent the check with an unsigned form.

Thank you for your time.

Sincerely,



Katherine Sexton  
Accounting Dept  
World of Homes  
407-770-1748 ext 220