


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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**

66002998



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

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

01162008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

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

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	DVP QUINN, DANIEL 3120 COMMUNICATIONS ROAD ST CLOUD, FL 34769	<input type="checkbox"/> Delete
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"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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*
Signature and typed or printed name of signing officer or director Date Daytime Phone #

ATTACHMENT

February 15th 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