

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

09 APR 16 AM 9:19


SECRETARY OF STATE
TALLAHASSEE FLORIDA



03182009 Chg-NP CR2E037 (11/08)

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 #
2884 S. Osceola Ave

3. Mailing Address
2884 S. Osceola Ave

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32806

Country
USA

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

**FERDINANDSON ENTERPRISES
2884 SOUTH OSCEOLA AVENUE
ORLANDO, FL 32806**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

DATE **04/16/09**

100150656661
04/16/09--01003--021 **\$1.25

**Filing Fee is \$61.25
Due by May 1, 2009**

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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS QUINN, CONNIE 3120 COMMUNICATIONS ROAD ST CLOUD, FL 34769 <input checked="" 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	DT Quinn, Danny 3128 Communications Rd St. Cloud, FL 34769 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Larice, Cecil D. 1417 Hamlin Ave Unit A St. Cloud, FL 34771 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Nadeau, Mike 1417 Hamlin Ave Unit G St. Cloud, FL 34771 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS Parrish, Tom 1417 Hamlin Ave Unit E St. Cloud, FL 34771 <input type="checkbox"/> Change <input checked="" 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: _____ **3/24/09** **407-957-5022**

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