

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000005380

**Entity Name:** HAMLIN INDUSTRIAL CENTER CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Apr 19, 2024**  
**Secretary of State**  
**0155636506CC****Current Principal Place of Business:**1503 BELLADONNA PLACE  
SAINT CLOUD, FL 34771**Current Mailing Address:**PO BOX 700607  
SAINT CLOUD, FL 34770 US**FEI Number: 26-0309977****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ROCKER, WILLIAM  
1503 BELLADONNA PLACE  
SAINT CLOUD, FL 34771 US*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.***SIGNATURE:** WILLIAM ROCKER**04/19/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** VPT  
**Name** LUIS FERNANDO RICON  
**Address** 1417 HAMLIN AVENUE UNIT A  
**City-State-Zip:** SAINT CLOUD FL 34771**Title** S  
**Name** RAFAEL GONZALEZ  
**Address** 1417 HAMLIN AVENUE UNIT A  
**City-State-Zip:** SAINT CLOUD FL 34771**Title** MBR  
**Name** STOCKSILL, BRUNER SCOTT  
**Address** 1417 HAMLIN AVE  
UNIT C  
**City-State-Zip:** SAINT CLOUD FL 34771**Title** VPT  
**Name** JULIETA T. SANTOS  
**Address** 1417 HAMLIN AVENUE UNIT A  
**City-State-Zip:** SAINT CLOUD FL 34771**Title** D  
**Name** WILLIAM ROCKER  
**Address** PO BOX 700607  
**City-State-Zip:** SAINT CLOUD FL 34770

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM ROCKER**MANAGER****04/19/2024**

Electronic Signature of Signing Officer/Director Detail

Date