

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 10, 2008 8:00 am  
Secretary of State

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

66002948



01162008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N07000005380</b> 1. Entity Name <b>HAMLIN INDUSTRIAL CENTER CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>3120 COMMUNICATIONS ROAD ST CLOUD, FL 34769</b>			Mailing Address <b>3120 COMMUNICATIONS ROAD ST CLOUD, FL 34769</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">26-0309977</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">Applied For Not Applicable</div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent  <b>QUINN, DANNY 3120 COMMUNICATIONS ROAD ST CLOUD, FL 34769</b>	
7. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 2px; display: inline-block;">Name <b>Ferdinandson Enterprises</b></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Street Address (P.O. Box Number is Not Acceptable) <b>2884 S. Osceola Avenue</b></div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">City <b>Orlando</b></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">FL</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Zip Code <b>32806</b></div> </div>					
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 <b>Vicki Dine</b> <span style="float: right;">2/12/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUINN, DANNY		NAME		
STREET ADDRESS	3120 COMMUNICATIONS ROAD		STREET ADDRESS		
CITY - ST - ZIP	ST CLOUD, FL 34769		CITY - ST - ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUINN, DANIEL		NAME		
STREET ADDRESS	3120 COMMUNICATIONS ROAD		STREET ADDRESS		
CITY - ST - ZIP	ST CLOUD, FL 34769		CITY - ST - ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUINN, CONNIE		NAME		
STREET ADDRESS	3120 COMMUNICATIONS ROAD		STREET ADDRESS		
CITY - ST - ZIP	ST CLOUD, FL 34769		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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			2/13/08 <span style="float: right;">W-957-5022</span> <small>Date Daytime Phone #</small>		

# 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