

**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)

<b>DOCUMENT # N07000005380</b>					
1. Entity Name <b>HAMLIN INDUSTRIAL CENTER CONDOMINIUM ASSOCIATION, INC.</b>					
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 # <b>2884 S. Osceola Ave</b>		3. Mailing Address <b>2884 S. Osceola Ave</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>		4. FEI Number <b>26-0309977</b>	
Zip <b>32806</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FERDINANDSON ENTERPRISES 2884 SOUTH OSCEOLA AVENUE ORLANDO, FL 32806</b>			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		10015065661 04/16/09--01003--021 **\$1.25		DATE	
Signature, typed or printed name of registered agent and date if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2009</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP <input type="checkbox"/> Delete	TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	QUINN, DANNY	NAME	Quinn, Danny		
STREET ADDRESS	3120 COMMUNICATIONS ROAD	STREET ADDRESS	3128 Communications Rd		
CITY-ST-ZIP	ST CLOUD, FL 34769	CITY-ST-ZIP	St. Cloud, FL 34769		
TITLE	DVP <input checked="" type="checkbox"/> Delete	TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	QUINN, DANIEL	NAME	Larice, Cecil D.		
STREET ADDRESS	3120 COMMUNICATIONS ROAD	STREET ADDRESS	1417 Hamlin Ave Unit A		
CITY-ST-ZIP	ST CLOUD, FL 34769	CITY-ST-ZIP	St. Cloud, FL 34771		
TITLE	DS <input checked="" type="checkbox"/> Delete	TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	QUINN, CONNIE	NAME	Nadeau, Mike		
STREET ADDRESS	3120 COMMUNICATIONS ROAD	STREET ADDRESS	1417 Hamlin Ave Unit G		
CITY-ST-ZIP	ST CLOUD, FL 34769	CITY-ST-ZIP	St. Cloud, FL 34771		
TITLE	<input type="checkbox"/> Delete	TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Parrish, Tom		
STREET ADDRESS		STREET ADDRESS	1417 Hamlin Ave Unit E		
CITY-ST-ZIP		CITY-ST-ZIP	St. Cloud, FL 34771		
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:		3/24/09		407-957-5022	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	