

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N07000008737

1. Entity Name
HOAGLAND INDUSTRIAL PARK LANDSITE
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
8 BROADWAY
SUITE 218
KISSIMMEE, FL 34741

Mailing Address
8 BROADWAY
SUITE 218
KISSIMMEE, FL 34741

2. Principal Place of Business - No P.O. Box #
202 Broadway

Suite, Apt. #, etc.

3. Mailing Address

202 Broadway

Suite, Apt. #, etc.

City & State
KISSIMMEE, FLORIDA

Zip
34741

Country
US

City & State
KISSIMMEE, FLORIDA

Zip
34741

Country
US

6. Name and Address of Current Registered Agent

PATRICK, RAY
8 BROADWAY
SUITE 218
KISSIMMEE, FL 34741

Name *RAY Parsons*

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

202 Broadway

City

KISSIMMEE

FL Zip Code
34741

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 title if applicable.

(NOTE: Registered Agent: signature required when reinstating)

DATE
4.24.08

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME PARSONS, RAY
STREET ADDRESS 8 BROADWAY, SUITE 218
CITY-ST-ZIP KISSIMMEE, FL 34741

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE VD
NAME PARSONS, DALE
STREET ADDRESS 8 BROADWAY, SUITE 218
CITY-ST-ZIP KISSIMMEE, FL 34741

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE STD
NAME PARSONS, RYAN
STREET ADDRESS 8 BROADWAY, SUITE 218
CITY-ST-ZIP KISSIMMEE, FL 34741

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.24.08

Date

Daytime Phone #