

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

DOCUMENT# N08000006162

**Entity Name:** ARMEEN BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 24, 2024**  
**Secretary of State**  
**9978602613CC**

**Current Principal Place of Business:**

230 N BEACH ST.  
SUITE 4  
DAYTONA BEACH , FL 32114

**Current Mailing Address:**

230 N BEACH ST.  
SUITE 4  
DAYTONA BEACH, FL 32114 US

**FEI Number: 26-2919381**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KHAZRAEE, ARAM  
763 N. BEACH ST.  
ORMOND BEACH, FL 32174 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name KHAZRAEE, ARAM  
Address 763 N. BEACH ST.  
City-State-Zip: ORMOND BEACH FL 32174

Title D  
Name SWEET, JEFFREY C.  
Address 595 W. GRANADA BLVD., STE. A  
City-State-Zip: ORMOND BEACH FL 32174

Title DST  
Name KHAZRAEE, PANTEA  
Address 763 N. BEACH ST.  
City-State-Zip: ORMOND BEACH FL 32174

*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: ARAM KHAZRAEE**

**PRESIDENT**

**01/24/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date