

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90070 033 ****61.25

DOCUMENT # N02000003810					
1. Entity Name ARMAN PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5889 AIRPORT ROAD SUITE 214 PORT ORANGE, FL 32128			Mailing Address 5889 AIRPORT ROAD SUITE 214 PORT ORANGE, FL 32128		
2. Principal Place of Business 1951 SOUTH CREEK BLVD		3. Mailing Address 1951 SOUTH CREEK BLVD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DAYTONA, FL		City & State DAYTONA, FL		4. FEI Number 42-1538711	
Zip 32128		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KHAZRAEE, ARAM 1951 SOUTH CREEK BOULEVARD DAYTONA BEACH, FL 32128			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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE </div> <div style="width: 60%;"> (NOTE: Registered Agent signature required when reinstating) </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 KHAZRAEE, ARAM		<input type="checkbox"/> Delete		
STREET ADDRESS 1951 SOUTH CREEK BLVD.					
CITY-ST-ZIP DAYTONA BEACH, FL 32128					
TITLE STD	NAME KHAZRAEE, PANTEA		<input type="checkbox"/> Delete		
STREET ADDRESS 1951 SOUTH CREEK BLVD.					
CITY-ST-ZIP DAYTONA BEACH, FL 32128					
TITLE D	NAME SWEET, JEFFREY C		<input type="checkbox"/> Delete		
STREET ADDRESS 595 W. GRANADA BLVD. #A					
CITY-ST-ZIP ORMOND BEACH, FL 32174					
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 					
CITY-ST-ZIP 					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			ARMAN KHAZRAEE		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/07/05		
Daytime Phone #			386-258-9988		