

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

02-16-2007 90040 029 ****70.00

DOCUMENT # N02000003810 1. Entity Name ARMAN PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1029 S NOVA RD UNIT H ORMOND BEACH, FL 32174 US		Mailing Address 1029 S NOVA RD UNIT H ORMOND BEACH, FL 32174 US	
2. Principal Place of Business - No P.O. Box # 733 Dunlawton Ave Ste 103 Port Orange FL 32127 US		3. Mailing Address 733 Dunlawton Ave Ste 103 Port Orange FL 32127 US	
4. FEI Number 42-1538711		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		01052007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent KHAZRAEE, ARAM 763 S BEACH ST ORMOND BEACH, FL 32174		7. Name and Address of New Registered Agent Name James W Corwin Street Address (P.O. Box Number is Not Acceptable) 733 Dunlawton Ave Ste 103 Port Orange FL 32127	
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 3/8/2007 (NOTE: Registered Agent signature required when reissuing)			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KHAZRAEE, ARAM 763 N BEACH ST ORMOND BEACH, FL 32174 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President James W. Corwin 733 Dunlawton Ave Ste 103 Port Orange FL 32127 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KHAZRAEE, PANTEA 763 N BEACH ST ORMOND BEACH, FL 32174 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Stacy T Crill 733 Dunlawton Ave Ste 103 Port Orange FL 32127 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEET, JEFFREY C 595 W. GRANADA BLVD. #A ORMOND BEACH, FL 32174 ☒ 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:		Date 2/6/07 386-756-0077	