


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000002429 1. Entity Name ARMEEN EXECUTIVE CENTER CONDOMINIUM ASSOCIATION, INC.	
--	---

Principal Place of Business 5889 AIRPORT RD, STE 214 PORT ORANGE, FL 32128	Mailing Address 5889 AIRPORT RD, STE 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 Beach, FL	City & State Daytona Beach, FL
Zip Country 32128 US	Zip Country 32128 US

FILED

05 JAN -7 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

04-05

JK

12282004 REIN-NP	CR2E099 (6/04)	4. FEI Number 20-2095623	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KHAZRAGE, ARAM 1951 S CREEK BLVD DAYTONA BEACH, FL 32128	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>
---	---

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: *Armen Khasraev* DATE: 1/6/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50		Make check payable to Florida Department of State
---	--	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KHAZRAGE, ARAM 1951 S CREEK BLVD DAYTONA BEACH, FL 32128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KHAZRAGE, PANTEA 1951 S CREEK BLVD DAYTONA BEACH, FL 32128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEET, JEFFREY C 595 W GRANADA BLVD, STE A ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Armen Khasraev* DATE: 12/31/04 DAYTIME PHONE #: 386-258-0593

Signature and typed or printed name of signing officer or director Date Daytime Phone #