2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002429

FILED Jan 20, 2009 Secretary of State

Entity Name: ARMEEN EXECUTIVE CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
029 S NO	OVA RD			
INIT H RMOND	BEACH, FL 3	32174		
	lailing Addres		New Mailing Addres	·c'
	_		iten mannig / taares	
515 RIDC	SE WOOD AV	E		
OLLY HI	LL, FL 32117			
≣l Number	: 20-2095623	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	Address of (Current Registered Agent:	Name and Address of	of New Registered Agent:
515 RIDO	BE WOOD AV	E		
	LL, FL 32117 named entity	US submits this statement for the	ourpose of changing its registere	ed office or registered agent, or both,
he above	·		ourpose of changing its registere	ed office or registered agent, or both,
he above the State	e named entity e of Florida. RE:	submits this statement for the p		
he above the State	e named entity e of Florida. RE:			ed office or registered agent, or both, Date
he above the State	e named entity e of Florida. RE:	submits this statement for the part of the part of the part of Registered Ag	ent	
ne above the State GNATUI FFICER le: ame: ldress:	e named entity e of Florida. RE: Electron S AND DIRECT	submits this statement for the price Signature of Registered Age TORS:) Delete RK MICHAEL JR DR	ent	Date
he above the State	e named entity e of Florida. RE: Electroi S AND DIREC P (WATSON, MAF 6125 DEL RIO PORT ORANG	submits this statement for the price Signature of Registered Age TORS:) Delete RK MICHAEL JR DR E, FL 32127) Delete RA NOVA RD #H	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARK WATSON D 01/20/2009