

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 MAR -3 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N06000010422

1. Entity Name  
411 LAKEBRIDGE PLAZA CONDOMINIUM ASSOCIATION,  
INC.



Principal Place of Business  
411 LAKEBRIDGE PLAZA DR., STE. A  
ORMOND BEACH, FL 32174

Mailing Address  
411 LAKEBRIDGE PLAZA DR., STE. A  
ORMOND BEACH, FL 32174

2. Principal Place of Business - No P.O. Box #  
1029 S. Nova Road

3. Mailing Address  
1029 S. Nova Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit H

Unit H

City & State

City & State

Ormond Beach, FL

Ormond Beach, FL

Zip  
32174

Country  
US

Zip  
32174

Country  
US



REINSTATEMENT 07-08

02202009 REIN

CR2E099 (4467)

4. FEI Number

262032275

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KHAZRAEE, ARAM  
411 LAKEBRIDGE PLAZA DR., STE. A  
ORMOND BEACH, FL 32174

Name

Street Address (P.O. Box Number is Not Acceptable)  
1029 S. Nova Rd.

Unit H

City  
Ormond Beach

FL

Zip Code  
32174

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

*Aram Khazraee*  
Aram Khazraee

(NOTE: Registered Agent signature required when reinstating)

DATE

2/29/08

FILE NOW!!! FEE IS \$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  
KHAZRAEE, ARAM  
763 N. BEACH ST.  
ORMOND BEACH, FL 32176 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
KHAZRAEE, PANTEA  
763 N. BEACH ST.  
ORMOND BEACH, FL 32176 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
KENNEDY, BRUCE S. MD  
411 LAKEBRIDGE PLAZA DR., STE. 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:

*Aram Khazraee*  
Aram Khazraee

Date

Daytime Phone #

2/29/08 386-677-3431