

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004883

FILED
Apr 02, 2006
Secretary of State

Entity Name: ATLANTIC PLAZA CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

425 S ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

425 S ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

FEI Number: 59-3350782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBY, DONNA F
425 S ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: KEPLER, VERNON
Address: 2005 12TH STREET
City-St-Zip: EDGEWATER, FL 32132

Title: PD () Delete
Name: HOOD, TED
Address: 1534 CAMINITO AGUAR
City-St-Zip: SAN MARCOS, CA 92069

Title: SD () Delete
Name: RUBY, ED
Address: 425 S. ATLANTIC AVE.
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D () Delete
Name: BRUCE, GREG
Address: 4288 KENDRICK RD.
City-St-Zip: ORLANDO, FL 32804

Title: TD () Delete
Name: WALDECK, JOHN
Address: 2258 CANDLEWOOD LANE, EAST
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KEPLER, VERNON
Address: 2005 12TH STREET
City-St-Zip: EDGEWATER, FL 32132

Title: VPD (X) Change () Addition
Name: FRY, TOM
Address: 1245 OAKDALE ST.
City-St-Zip: WINDERMERE, FL 34786

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: BRUCE, GREG
Address: 4288 KENDRICK RD.
City-St-Zip: ORLANDO, FL 32804

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ED RUBY

S

04/02/2006

Electronic Signature of Signing Officer or Director

Date