

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004883

FILED  
Apr 23, 2008  
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: S/D ( ) Delete  
Name: MANSUY, PAUL  
Address: 1871 LAKE WATERFORD DR.  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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

Title: D ( ) Delete  
Name: GREEN, GLENN L  
Address: 2500 TEAL RD.  
City-St-Zip: LINDENHURST, IL 60046

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

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

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

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

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

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: PAUL MANSUY

S

04/23/2008

Electronic Signature of Signing Officer or Director

Date