

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000004883

**Entity Name:** ATLANTIC PLAZA CONDOMINIUM OWNERS ASSOCIATION, INC**Current Principal Place of Business:**425 S ATLANTIC AVE  
NEW SMYRNA BEACH, FL 32169**Current Mailing Address:**425 S ATLANTIC AVE  
NEW SMYRNA BEACH, FL 32169**FEI Number:** 59-3350782**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RUBY, DONNA F  
425 S ATLANTIC AVE  
NEW SMYRNA BEACH, FL 32169 US*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**Officer/Director Detail :**

Title	DIRECTOR, PRESIDENT
Name	BRUCE, GREG
Address	1000 CHICHESTER ST
City-State-Zip:	ORLANDO FL 32803

Title	DIRECTOR, SECRETARY
Name	CRIGGER, DAVID
Address	5409 PARKRIDGE DR.
City-State-Zip:	KNOXVILLE TN 37924

Title	DIRECTOR, TREASURER
Name	EACKER, JEFF
Address	3417 WELWYN WAY
City-State-Zip:	TALLAHASSEE FL 32309

Title	DIRECTOR
Name	JOHNSON, MICHAEL
Address	140 VIA CAPRI
City-State-Zip:	NEW SMYRNA BEACH FL 32169

*I hereby 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 all other like empowered.*

**SIGNATURE:** GREG BRUCE**PRESIDENT****03/30/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date