

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004883

Entity Name: ATLANTIC PLAZA CONDOMINIUM OWNERS ASSOCIATION, INC.**FILED**
Mar 12, 2023
Secretary of State
3386790256CC**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 32803Title DIRECTOR, TREASURER
Name EACKER, JEFF
Address 3417 WELWYN WAY
City-State-Zip: TALLAHASSEE FL 32309Title DIRECTOR, SECRETARY
Name CRIGGER, DAVID
Address 5409 PARKRIDGE DR.
City-State-Zip: KNOXVILLE TN 37924Title 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: DAVID CRIGGER**SECRETARY****03/12/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date