Entity Name: ATLANTIC PLAZA CONDOMINIUM OWNERS ASSOCIATION, INC				Secretary of State 4421272562CC	
425 S ATLANTI	ncipal Place of Business: IC AVE BEACH, FL 32169				
Current Mai	ling Address:				
425 S ATLAI NEW SMYR	NTIC AVE NA BEACH, FL 32169				
FEI Number	: 59-3350782		Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent:				
RUBY, DONNA 425 S ATLANTI NEW SMYRNA					
The above named	d entity submits this statement for the purpose of changing	g its registered office or regis	stered agent, or both	h, in the State of Florida.	
SIGNATURE	Ξ:				
	Electronic Signature of Registered Agent			Date	
Officer/Dire	ctor Detail :				
Title	P/D	Title	T/D		
Name	BRUCE, GREG	Name	WALDECK, JO	OHN	
Address	1000 CHICHESTER ST	Address	2258 CANDLE	WOOD LANE, EAST	
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	NEW SMYRNA	BEACH FL 32168	
Title	DIRECTOR, VP, SECRETARY				
Name	EACKER, JEFF				
Address	3417 WELWYN WAY				

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004883

City-State-Zip: TALLAHASSEE FL 32309

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

02/17/2019

Electronic Signature of Signing Officer/Director Detail

FILED Feb 17, 2019 tate C