

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000004883

**Entity Name:** ATLANTIC PLAZA CONDOMINIUM OWNERS ASSOCIATION, INC.**FILED**  
**Apr 26, 2021**  
**Secretary of State**  
**9226148743CC****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, TREASURER

Name EACKER, JEFF

Address 3417 WELWYN WAY

City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR, VP

Name REDA, GERRY

Address 985 STONE LAKE DR.

City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR, SECRETARY

Name CRIGGER, DAVID

Address 5409 PARKRIDGE DR.

City-State-Zip: KNOXVILLE TN 37924

*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****04/26/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date