

2014 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	S/D
Name	MANSUY, PAUL
Address	1871 LAKE WATERFORD DR.
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	VP/D
Name	GREEN, GLENN L
Address	2500 TEAL RD.
City-State-Zip:	LINDENHURST IL 60046

Title	T/D
Name	WALDECK, JOHN
Address	2258 CANDLEWOOD LANE, EAST
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	D
Name	LEONARD, JEFF
Address	13572 SUSET LAKES
City-State-Zip:	WINTER GARDEN FL 34787

Title	P/D
Name	BRUCE, GREG
Address	4288 KENDRICK RD.
City-State-Zip:	ORLANDO FL 32804

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: JOHN WALDECK**TREASURER****04/28/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date