

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 345681

Entity Name: ATLANTIC APARTMENTS, INC.**Current Principal Place of Business:**90 N.E. 19TH AVE.
DEERFIELD BEACH, FL 33441**Current Mailing Address:**90 N.E. 19TH AVE.
DEERFIELD BEACH, FL 33441**FEI Number:** 59-1385628**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAMMEL, EDWARD SESQ.
6111 BROKEN SOUND PARKWAY NW
SUITE 200
BOCA RATON, FL 33487 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	D
Name	KOSLAGA, MARK
Address	90 NE 19 AVENUE #11
City-State-Zip:	DEERFIELD BEACH FL 33441

Title	ST
Name	PUCCIA, LAUREN
Address	90 NE 19TH AVE, #12
City-State-Zip:	DEERFIELD BEACH FL 33441

Title	D
Name	CARRETTA, FRANK
Address	90 NE 19TH AVE, #5
City-State-Zip:	DEERFIELD BEACH FL 33441

Title	V
Name	SILVERSTEIN, LISA
Address	90 NE 19TH AVE #1
City-State-Zip:	DEERFIELD BEACH FL 33441

Title	P
Name	PUCCIA, ANTHONY
Address	90 N.E. 19TH AVE # 12
City-State-Zip:	DEERFIELD BEACH FL 33441

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAUREN N. PUCCIA**SECRETARY/TREASURER** 01/14/2013_____
Electronic Signature of Signing Officer/Director Detail_____
Date