

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 345681

Entity Name: ATLANTIC APARTMENTS, INC.**Current Principal Place of Business:**C/O CONSOLIDATED COMMUNITY MANAGEMENT, INC
7124 N NOB HILL RD
TAMARAC, FL 33321**Current Mailing Address:**C/O CONSOLIDATED COMMUNITY MANAGEMENT, INC
7124 N NOB HILL RD
TAMARAC, FL 33321 US**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	C/O CONSOLIDATED COMMUNITY MANAGEMENT, INC 7124 N NOB HILL RD
City-State-Zip:	TAMARAC FL 33321

Title	SECRETARY, TREASURER
Name	LEVY, EMMANUEL
Address	C/O CONSOLIDATED COMMUNITY MANAGEMENT, INC 7124 N NOB HILL RD
City-State-Zip:	TAMARAC FL 33321

Title	D
Name	CARRETTA, FRANK
Address	C/O CONSOLIDATED COMMUNITY MANAGEMENT, INC 7124 N NOB HILL RD
City-State-Zip:	TAMARAC FL 33321

Title	DIRECTOR
Name	SOHL, WILLIAM
Address	C/O CONSOLIDATED COMMUNITY MANAGEMENT, INC 7124 N NOB HILL RD
City-State-Zip:	TAMARAC FL 33321

Title	PRESIDENT
Name	VALENTI, PAUL
Address	C/O CONSOLIDATED COMMUNITY MANAGEMENT, INC 7124 N NOB HILL RD
City-State-Zip:	TAMARAC FL 33321

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: PAUL VALENTI

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04/21/2014

Electronic Signature of Signing Officer/Director Detail_____
Date