

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 345681

Entity Name: ATLANTIC APARTMENTS, INC.**Current Principal Place of Business:**ATLANTIC APARTMENTS, INC.
90 NE 19TH AVENUE
DEERFIELD BEACH, FL 33441**Current Mailing Address:**21 LARCHWOOD DRIVE
PITTSFORD, NY 14534 US**FEI Number:** 59-1385628**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SACHS SAX CAPLAN P.L
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:** LOUIS CAPLAN**04/09/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	PUCCIA, LAUREN
Address	21 LARCHWOOD DRIVE
City-State-Zip:	PITTSFORD NY 14534
Title	SECRETARY
Name	REIDY, DANIELLE
Address	8929 NW 53 MANOR
City-State-Zip:	CORAL SPRINGS FL 33067
Title	DIRECTOR, TREASURER
Name	LAWLER, AMY
Address	8133 CANYON LAKE CIRCLE
City-State-Zip:	ORLANDO FL 32835

Title	VP
Name	LEVY, EMANUEL
Address	10427 NW 10TH COURT
City-State-Zip:	CORAL SPRINGS FL 33071
Title	DIRECTOR
Name	CONLON, GARY
Address	2050 JAMIESON AVE APT 1210
City-State-Zip:	ALEXANDRIA VA 22314

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**PRESIDENT****04/09/2025**

Electronic Signature of Signing Officer/Director Detail

Date