

2019 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:**ATLANTIC APARTMENTS INC.
90 NE 19TH AVENUE
DEERFIELD BEACH, FL 33441 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	VP
Name	KOSLAGA, MARK
Address	ATLANTIC APARTMENTS INC. 90 NE 19TH AVENUE #11
City-State-Zip:	DEERFIELD BEACH FL 33441

Title	DIRECTOR
Name	CARRETTA, FRANK
Address	1400 EAST AVENUE #104
City-State-Zip:	ROCHESTER NY 14610

Title	SECRETARY
Name	BIENKIEVITZ, DANIELLE
Address	90 NE 19TH AVENUE #4
City-State-Zip:	DEERFIELD BEECH FL 33441

Title	PRESIDENT, TREASURER
Name	LEVY, EMANUEL
Address	10427 NW 10TH COURT
City-State-Zip:	CORAL SPRINGS FL 33071

Title	DIRECTOR
Name	CONLON, GARY
Address	2050 JAMIESON AVENUE 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: EMANUEL LEVY**PRESIDENT****02/19/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date