## 2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 29, 2002 8:00 amg Secretary of State DOCUMENT # **756250** 1. Entity Name ATLANTIS PINES CONDOMINIUM ASSOCIATION, INC. 05-29-2002 90710 038 \*\*\*\*61.25 Principal Place of Business Mailing Address 4978 FREEDOM CIRCLE 5121 PALO VERDE PL LAKE WORTH FL 33461 -WPB-FL-33415 B0121711 2. Principal Place of Business 3. Mailing Address ttw Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For みしてみ 59-2421640 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AALL Street Address (P.O. Box Number is Not Acceptable) <del>- Bláke, gary s eso.</del> -521 LAKE AVENUE, STE. 3 LAKE-WORTH-FL 33460 8. 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 ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ₹<u>0</u> TITLE ☐ Change Addition (9/01) NAME INNIS, BILL DPOYLUE いまだらごとに NAME STREET ADDRESS <del>4913 Freedom C</del>ir 4972 FREEDOM CIRCLE STREET ADDRESS CITY-ST-ZIE L<del>ake worth fl 33461</del> CITY-ST-ZIP 33461 LAKE WORTH TITLE ٧D ☐ Delete TITLE Change NAME YUPELKONEN, MARJA-LEENA NAME TRUUNG STREET ADDRESS 4913 FREEDOM CIR 4885 STREET ADDRESS FREEDOM CIRCLE CITY-ST-ZIP <u>La</u>ke worth FL 33461 CITY-ST-7IP -TITLE <del>SD=</del>⊸ ∻⇒ TITLE 5 ` Change Addition NAME <u>YLIPELKONEN. M</u> NAME JOSTATA KAMAL STREET ADDRESS 4978 FREEDOM CIR STREET ADDRESS **チャミミンのとく** CIRCLE CITY-ST-ZIP K WORTH FL 33461 CITY-ST-7IP WURTH TITLE ☐ Delete TITLE Addition NAME HEMAL NAME ANSAR STREET ADDRESS STREET ADDRESS 4909 FREEDOM CIDLE CITY-ST-7IF CITY-ST-ZIP MORTH TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURA: COLUMNICATION OF STATE OF ST

4/29/100