

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747097

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: SUNI APARTMENTS, INC.

## Current Principal Place of Business:

ASSOC. PROP. MGMT  
1928 LAKE WORTH RD  
LAKE WORTH, FL 33461

## New Principal Place of Business:

ASSOCIATED PROPERTY MGMT  
1928 LAKE WORTH RD  
LAKE WORTH, FL 33461

## Current Mailing Address:

ASSOC. PROP. MGMT  
1928 LAKE WORTH RD  
LAKE WORTH, FL 33461

## New Mailing Address:

ASSOCIATED PROPERTY MGMT  
1928 LAKE WORTH RD  
LAKE WORTH, FL 33461

FEI Number: 65-0057880

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DICKER, EDWARD ESQ  
1818 AUSTRALIAN AVE SOUTH  
SUITE 400  
WEST PALM BEACH, FL 33409 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KARJALAINEN, PIRJO  
Address: 1009 FEDERAL HWY. #2  
City-St-Zip: LAKE WORTH, FL 33460

Title: SD ( ) Delete  
Name: KOENIG, BERND  
Address: 1009 S. FEDERAL HWY #2  
City-St-Zip: LAKE WORTH, FL 33460

Title: VPD ( ) Delete  
Name: LEPPAREN, MARKKU  
Address: 1009 S FEDERAL HWY., D-1  
City-St-Zip: LAKE WORTH, FL 33460

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KARJALAINEN, PIRJO P  
Address: 1009 FEDERAL HWY. #2  
City-St-Zip: LAKE WORTH, FL 33460

Title: V (X) Change ( ) Addition  
Name: LEPPAREN, MARKKU V  
Address: 1009 S. FEDERAL HWY #D-1  
City-St-Zip: LAKE WORTH, FL 33460

Title: S (X) Change ( ) Addition  
Name: KOENIG, BERND S  
Address: 1009 S FEDERAL HWY., #3  
City-St-Zip: LAKE WORTH, FL 33460

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MATH, APM

AGT

03/27/2009

Electronic Signature of Signing Officer or Director

Date