

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750066

FILED  
May 02, 2010  
Secretary of State

**Entity Name:** KARINA APARTMENTS, INC.

**Current Principal Place of Business:**

510 24TH AVE N  
LAKE WORTH, FL 33460 US

**New Principal Place of Business:**

**Current Mailing Address:**

ATLANTIC FULCRUM, INC.  
5112 ARBOR GLEN CIR.  
LAKE WORTH, FL 33463 US

**New Mailing Address:**

**FEI Number:** 59-2033264      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ATLANTIC FULCRUM, INC.  
5112 ARBOR GLEN CIR.  
LAKE WORTH, FL 33463 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  
Name: REPO, KARI  
Address: 728 N RIDGE RD # 25  
City-St-Zip: LAKE WORTH, FL 33462 US

Title: D  
Name: SNOOK, JEFFREY  
Address: P.O. BOX 3432  
City-St-Zip: LAKE WORTH, FL 33465 US

Title: D  
Name: ASIKAINEN, JARI  
Address: 227 NORTH M ST  
City-St-Zip: LAKE WORTH, FL 33460 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KARI REPO

PD

05/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date