


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91161 005 ****61.25

DOCUMENT # 750066

1. Entity Name
KARINA APARTMENTS, INC.



Principal Place of Business Mailing Address

~~834 G DIXIE HWY~~ ~~834 G DIXIE HWY~~
~~LANTANA FL 33462~~ ~~LANTANA FL 33462~~
~~US~~ ~~US~~


2. Principal Place of Business 3. Mailing Address

510 24th AVE N **ATLANTIC FULCRUM, INC**
Suite, Apt. #, etc. Suite, Apt. #, etc.
5112 ARBOR GLEN CIR.

City & State City & State
LAKE WORTH **LAKE WORTH**

Zip Country Zip Country

33460 **FL** **33463** **FL**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2033264** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

~~JAAKKOLA, ANNE~~
~~834 G DIXIE HWY~~
~~LANTANA FL 33462~~

7. Name and Address of New Registered Agent

Name **ATLANTIC FULCRUM, INC.**
Street Address (P.O. Box Number Is Not Acceptable)
5112 ARBOR GLEN CIR.
City **LAKE WORTH** **FL** Zip Code **33463**

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. I am familiar with, and accept the obligations of, the registered agent.

SIGNATURE **Steve Olympe, VP** DATE **4/29/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. Added to Fees **Make Check Payable to**
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT REPO, KARL 4662 COCONUT RD LAKE WORTH FL 33461	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ARPONEN, KARI 1809 NORTH N ST LAKE WORTH FL 33460	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DUNKELMAN, KRISTINA 510 24TH AVE N LAKE WORTH FL 33460	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT REPO, KARL 4662 COCONUT RD LAKE WORTH FL 33461	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNOOK, JEFFREY 896 N FEDERAL HWY # 424 LANTANA, FL 33462	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE** **4-29-03**

CR2E037 (10/02)