

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761294

FILED
Apr 30, 2009
Secretary of State

Entity Name: ATLANTIS PINES NORTH COMMUNITY SERVICES ASSOCIATION, INC.

Current Principal Place of Business:

4978 FREEDOM CIRCLE
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2421640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATLANTIC FULCRUM, INC.
5112 ARBOR GLEN CIRCLE
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: D () Delete
Name: CHERRY, ROBINSON
Address: 4966 FREEDOM CIRCLE # 204
City-St-Zip: LAKE WORTH, FL 33461

Title: PD () Delete
Name: OPDYKE, CHRISTINE
Address: 4972 FREEDOM CIRCLE # 104
City-St-Zip: LAKE WORTH, FL 33461

Title: D () Delete
Name: WASHINGTON, NATHANIEL
Address: 4933 FREEDOM CIRCLE # 303
City-St-Zip: LAKE WORTH, FL 33461

Title: D () Delete
Name: LEENMAN, FRANCISCUS
Address: 15100 NW 67TH AVE, SUITE 110
City-St-Zip: MIAMI LAKES, FL 33014

Title: D () Delete
Name: YLIPELKONEN, MARJA-LEENA
Address: 4978 FREEDOM CIRCLE # 101
City-St-Zip: LAKE WORTH, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHRISTINE OPDYKE

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date