2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2011
Secretary of State

DOCUMENT# 761294

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: PD
Name: YLIPELKONEN, MARJA-LEENA
Address: 4978 FREEDOM CIRCLE # 101
City-St-Zip: LAKE WORTH, FL 33461 US

Title: D
Name: YLIPELKONEN, JAANA
Address: 4978 FREEDOM CIRCLE # 101
City-St-Zip: LAKE WORTH, FL 33461 US

Title: D
Name: YLIPELKONEN, JENNY
Address: 4978 FREEDOM CIRCLE # 101
City-St-Zip: LAKE WORTH, FL 33461 US

Title: D
Name: LEENMAN, FRANCISCUS
Address: 6910 BAMBOO ST
City-St-Zip: HIALEAH, FL 33014 US

Title: D
Name: HYVARINEN, JUHA
Address: 5112 ARBOR GLEN CIRCLE
City-St-Zip: LAKE WORTH, FL 33463 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: JUHA HYVARINEN D 04/30/2011

Electronic Signature of Signing Officer or Director Date