

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761294

**FILED**  
**Apr 30, 2012**  
**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: 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: HYVARINEN, JUHA  
Address: 5112 ARBOR GLEN CIRCLE  
City-St-Zip: LAKE WORTH, FL 33461 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

04/30/2012

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

\_\_\_\_\_  
Date