


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 763371 1. Entity Name AMERICAN-FINNISH TOURIST CLUB, INC.	
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Principal Place of Business AMERICAN -FINNISH TOURIST CLUB, INC LANTANA, FL 33462	Mailing Address 301 W. CENTRAL BLVD LANTANA, FL 33462
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06062007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0689982	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
LAURILA, MAUNO 106 HALF MOON CIRCLE B2 HYPO LUXO, FL 33462	

**DO NOT WRITE
IN THIS SPACE**

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 registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAPIO, SALIN 177 EXECUTIVE CIR BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIRIKKA, LEHTONEN 800 N FEDERAL HWY LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VETTENRANTA, HEIKKI 7020 HALF MOON CIR APT 309 LAKE WORTH, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAIJA-LIISA, OTVAS 2840 L OSBORNE DR APT 106 LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAMMI, HELVI 157 ATLANTIS BLVD APT 308 LAKE WORTH, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAAJA, TAPANI 720 S PALMWAY LAKE WORTH, FL 33461

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07/16/07-80007-025 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Tapani K. Salin **TAPIO K. SALIN**, 7.13.07, 561-369-0417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #