

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750066

**Entity Name:** KARINA APARTMENTS, INC.

**Current Principal Place of Business:**

510 24TH AVE N  
LAKE WORTH, FL 33460

**Current Mailing Address:**

C/O FLORIDA SKYLINE MANAGEMENT  
22163 MAJESTIC WOODS WAY  
BOCA RATON, FL 33428 US

**FEI Number:** 59-2033264

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FLORIDA SKYLINE MANAGEMENT  
C/O FLORIDA SKYLINE MANAGEMENT  
9425 OLD CLUB RD.  
PARKLAND, FL 33076 US

*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:** KARLA RAMIREZ

02/03/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name AMYER, ABE  
Address C/O FLORIDA SKYLINE MANAGEMENT  
22163 MAJESTIC WOODS WAY  
City-State-Zip: BOCA RATON FL 33428

Title SECRETARY  
Name GINSBERG, JONATHAN  
Address C/O FLORIDA SKYLINE MANAGEMENT  
22163 MAJESTIC WOODS WAY  
City-State-Zip: BOCA RATON FL 33428

Title PRESIDENT, TREASURER  
Name NOONAN, THOMAS ANTHONY JR.  
Address C/O FLORIDA SKYLINE MANAGEMENT  
22163 MAJESTIC WOODS WAY  
City-State-Zip: BOCA RATON FL 33428

*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:** NOONAN , THOMAS ANTHONY

PRESIDENT

02/03/2024

Electronic Signature of Signing Officer/Director Detail

Date