

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005948

FILED
May 01, 2006
Secretary of State

Entity Name: WELLINGTON SHORES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

11360 FORTUNE CIRCLE
SUITE E-6A
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

11924 FOREST HILL BLVD #22 PMB 221
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 20-0479607 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

A & G MANAGEMENT SERVICES
11924 FOREST HILL BLVD #22 PMB 221
WELLINGTON, FL 33414 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NOBEL, CHARLENE
Address: 11924 FOREST HILL BLVD #22 PMB 221
City-St-Zip: WELLINGTON, FL 33414

Title: DST () Delete
Name: GRAHAM, DEBORAH
Address: 11924 FOREST HILL BLVD #22 PMB 221
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: SINRAM, RYAN
Address: 11924 FOREST HILL BLVD #22 PMB 221
City-St-Zip: WELLINGTON, FL 33414

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLENE NOBEL

DP

05/01/2006

Electronic Signature of Signing Officer or Director

Date