

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005948

**FILED**  
**May 01, 2010**  
**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:**

C/O A & G MANAGEMENT SERVICES  
11360 FORTUNE CIRCLE, SUITE E6A  
WELLINGTON, FL 33414

**Current Mailing Address:**

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

**New Mailing Address:**

C/O A & G MANAGEMENT SERVICES  
11360 FORTUNE CIRCLE, SUITE E6A  
WELLINGTON, FL 33414

**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:**

A & G MANAGEMENT SERVICES  
11924 FOREST HILL BLVD  
#22-221  
WELLINGTON, FL 33414 US

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

A & G MANAGEMENT SERVICES  
11360 FORTUNE CIRCLE  
SUITE E6A  
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: GEORGE PALERMO

05/01/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: NOBEL, CHARLENE  
Address: 11360 FORTUNE CIRCLE, SUITE E6A  
City-St-Zip: WELLINGTON, FL 33414

Title: D  
Name: GOSNEY, GWENDOLYN  
Address: 11360 FORTUNE CIRCLE, SUITE E6A  
City-St-Zip: WELLINGTON, FL 33414

Title: D  
Name: CRAMER, GAIL  
Address: 11360 FORTUNE CIRCLE, SUITE E6A  
City-St-Zip: WELLINGTON, FL 33414

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: CHARLENE NOBEL

DP

05/01/2010

Electronic Signature of Signing Officer or Director

Date