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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # N07110 (2)

1. Corporation Name

THE SHORES AT WELLINGTON PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**% ASSOCIATED PROPERTY MANAGEMENT
400 SOUTH DIXIE HWY SUITE 10
LAKE WORTH FL 33460**

**% ASSOCIATED PROPERTY MANAGEMENT
400 SOUTH DIXIE HWY SUITE 10
LAKE WORTH FL 33460**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/15/1985	3a. Date of Last Report 04/08/1994
4. FEI Number 59-2728538	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent

**ASSOCIATED PROPERTY MANAGEMENT
400 SOUTH DIXIE HWY
SUITE 10
LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOVA, JOSEPH G.
STREET ADDRESS	218 DATURA ST.
CITY - ST - ZIP	W PALM BEACH FL
TITLE	VTD
NAME	MAHONEY, BRIAN
STREET ADDRESS	218 DATURA ST.
CITY - ST - ZIP	W PALM BCH FL
TITLE	SD
NAME	METZ, ARLENE
STREET ADDRESS	218 DATURA ST
CITY - ST - ZIP	W PALM BEACH FL
TITLE	D
NAME	TURK, DAN
STREET ADDRESS	218 DATURA ST
CITY - ST - ZIP	W PALM BEACH FL
TITLE	SD
NAME	HOYT, ANDREW
STREET ADDRESS	218 DATURA ST
CITY - ST - ZIP	W PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Denise Kalland	
1.3 STREET ADDRESS	1905 Wellington Edge Blvd	
1.4 CITY - ST - ZIP	Wellington, FL	
2.1 TITLE	USD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Michael Kalland	
2.3 STREET ADDRESS	1905 Wellington Edge Blvd	
2.4 CITY - ST - ZIP	Wellington, FL	
3.1 TITLE	JVD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Tom Shepard	
3.3 STREET ADDRESS	1905 Wellington Edge Blvd.	
3.4 CITY - ST - ZIP	Wellington, FL	
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Terry Bove	
4.3 STREET ADDRESS	1905 Wellington Edge Blvd	
4.4 CITY - ST - ZIP	Wellington, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 B17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Denise Kalland
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR