


FILE NOW: FILING FEE IS \$61.25

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90209 025 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07110

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

139107 - 90209 - 25

Principal Place of Business % ASSOCIATED PROPERTY MANAGEMENT 400 SOUTH DIXIE HWY SUITE 10 LAKE WORTH FL 33460	Mailing Address % ASSOCIATED PROPERTY MANAGEMENT 400 SOUTH DIXIE HWY SUITE 10 LAKE WORTH FL 33460
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/15/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2728538
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29	Country 30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ASSOCIATED PROPERTY MANAGEMENT 400 SOUTH DIXIE HWY SUITE 10 LAKE WORTH FL 33460		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KALLAND, DENISE		1.2 NAME Ryan, Edward	
STREET ADDRESS 1905 WELLINGTON EDGE BLVD		1.3 STREET ADDRESS Clo Desville Management	
CITY-ST-ZIP WELLINGTON FL		1.4 CITY-ST-ZIP 3901 Washington Road, #301	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE McMurray, PA 15317	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KALLAND, MICHAEL		2.2 NAME DD	
STREET ADDRESS 1905 WELLINGTON EDGE BLVD		2.3 STREET ADDRESS Boye, Terry	
CITY-ST-ZIP WELLINGTON FL		2.4 CITY-ST-ZIP 3901 Washington Road, #301	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE McMurray, PA 15317	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHEPARD, TOM		3.2 NAME	
STREET ADDRESS 1905 WELLINGTON EDGE BLVD		3.3 STREET ADDRESS STD	
CITY-ST-ZIP WELLINGTON FL		3.4 CITY-ST-ZIP Malone, Michael	
TITLE SDT	<input type="checkbox"/> DELETE	4.1 TITLE 3901 Washington Road, #301	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOYE, TERRY		4.2 NAME	
STREET ADDRESS 1905 WELLINGTON EDGE BLVD		4.3 STREET ADDRESS McMurray, PA 15317	
CITY-ST-ZIP WELLINGTON FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED *Terry Boye* 1/29/99 (724) 942-4370

CR2E037 (1/98)