


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

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

10000001

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

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
--	--



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 NAME KALLAND, DENISE STREET ADDRESS 1905 WELLINGTON EDGE BLVD CITY-ST-ZIP WELLINGTON FL	<input type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME Ryan, Edward 1.3 STREET ADDRESS Clo Desville Management 3901 Washington Road, #301 1.4 CITY-ST-ZIP McMurray, PA 15317	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME KALLAND, MICHAEL STREET ADDRESS 1905 WELLINGTON EDGE BLVD CITY-ST-ZIP WELLINGTON FL	<input type="checkbox"/> DELETE	2.1 TITLE DD 2.2 NAME Boye, Terry 2.3 STREET ADDRESS 3901 Washington Road, #301 2.4 CITY-ST-ZIP McMurray, PA 15317	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME SHEPARD, TOM STREET ADDRESS 1905 WELLINGTON EDGE BLVD CITY-ST-ZIP WELLINGTON FL	<input type="checkbox"/> DELETE	3.1 TITLE STD 3.2 NAME Malone, Michael 3.3 STREET ADDRESS 3901 Washington Road, #301 3.4 CITY-ST-ZIP McMurray, PA 15317	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SDT NAME BOYE, TERRY STREET ADDRESS 1905 WELLINGTON EDGE BLVD CITY-ST-ZIP WELLINGTON FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)