


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90523 015 \*\*\*\*61.25

<b>DOCUMENT # N07110</b> 1. Entity Name <b>THE SHORES AT WELLINGTON PROPERTY OWNER'S ASSOCIATION, INC.</b>			
Principal Place of Business % ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH RD LAKE WORTH FL 33461		Mailing Address % ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH RD LAKE WORTH FL 33461	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip		City & State Zip	
Country		Country	
4. FEI Number <b>59-2728538</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	



MOORE CR2E037 (11/03)

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
<b>ASSOCIATED PROPERTY MANAGEMENT</b> <b>1928 LAKE WORTH ROAD</b> <b>LAKE WORTH FL 33461</b>				Name _____			
				Street Address (P.O. Box Number is Not Acceptable) _____			
				City _____ <b>FL</b> Zip Code _____			

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANGER, WALLACE			NAME			
STREET ADDRESS	300-A ROYAL COMMERCE RD			STREET ADDRESS			
CITY-ST-ZIP	RPB FL			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TREADWELL, KENNITH			NAME			
STREET ADDRESS	300-A ROYAL COMMERCE RD			STREET ADDRESS			
CITY-ST-ZIP	RPB FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JENNESS, WILLIAM			NAME			
STREET ADDRESS	8280 7TH PLACE S			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33411			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REGAN, PATRICK I			NAME			
STREET ADDRESS	12725 SHORELINE DR #6E			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33414			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ *Pres. April 21, 2004*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #