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04-30-2003 90160 037 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N07110					
1. Entity Name THE SHORES AT WELLINGTON PROPERTY OWNER'S ASSOCIATION, INC.					
Principal Place of Business % ASSOCIATED PROPERTY MANAGEMENT 400 SOUTH DOXE HWY SUITE 10 LAKE WORTH FL 33460		Mailing Address % ASSOCIATED PROPERTY MANAGEMENT 400 SOUTH DOXE HWY SUITE 10 LAKE WORTH FL 33460			
2. Principal Place of Business Assoc. Prop. Mgmt Suite, Apt. #, etc. 1928 Lake Worth Rd		3. Mailing Address Assoc. Prop. Mgmt Suite, Apt. #, etc. 1928 Lake Worth Rd			
City & State Lake Worth FL		City & State Lake Worth, FL		4. FEI Number 59-2728538 Applied For Not Applicable	
Zip 33461	Country USA	Zip 33461	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ASSOCIATED PROPERTY MANAGEMENT 400 SOUTH DOXE HWY SUITE 10 LAKE WORTH FL 33460			7. Name and Address of Now Registered Agent Associated Property Management Street Address (P.O. Box Number is Not Acceptable) 1928 Lake Worth Road City Lake Worth FL Zip Code 33461		
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: 		Agent		DATE: 4/26/03	
FILE NOW: FEE IS \$61.25		B. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 POT	NAME SANGER, WALLACE	<input type="checkbox"/> Delete	TITLE POT	NAME SANGER, WALLACE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 300-A ROYAL COMMERCE RD	CITY-ST-ZIP RPB FL		STREET ADDRESS 300-A ROYAL COMMERCE RD.	CITY-ST-ZIP ROYAL PALM BEACH, FL	
TITLE STD	NAME SANGER, WALLACE	<input checked="" type="checkbox"/> Delete	TITLE SD	NAME Treadwell, Kenneth	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 300-A ROYAL COMMERCE RD	CITY-ST-ZIP RPB FL		STREET ADDRESS 300A Royal Commerce Road	CITY-ST-ZIP RPB, FL	
TITLE D	NAME JONES, ROBERT	<input checked="" type="checkbox"/> Delete	TITLE D	NAME JENNESS, William	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 500 ROYAL PALM BEACH BLVD	CITY-ST-ZIP RPB FL		STREET ADDRESS 8280 7th Place 50.	CITY-ST-ZIP WEST PALM BEACH, FL 33411	
TITLE D	NAME William Jenness	<input type="checkbox"/> Delete	TITLE D	NAME REGAN, Patrick J.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8280 7th Place 50.	CITY-ST-ZIP W. P. B. FL 33411		STREET ADDRESS 12725 Shoreline Dr #6-E	CITY-ST-ZIP WELLINGTON, FL 33414	
TITLE D	NAME Patrick J. Regan	<input type="checkbox"/> Delete	TITLE D	NAME REGAN, Patrick J.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12725 Shoreline Dr #6-E	CITY-ST-ZIP Wellington, FL 33414		STREET ADDRESS 12725 SHORELINE DR. #6E	CITY-ST-ZIP WELLINGTON, FL 33414	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, 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: 		SIGNATURE REQUIRED		DATE: 4/28/03	

JUN 05 2003

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CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)