

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90086 017 \*\*\*\*61.25

**DOCUMENT # N96000002510**

1. Entity Name

**THE SHORES AT WELLINGTON NO. III CONDOMINIUM ASS**

Principal Place of Business

Mailing Address

~~ONE CLEARLAKE CENTRE, SUITE 1010  
 250 S. AUSTRALIAN AVENUE  
 WEST PALM BEACH FL 33401  
 US~~

~~ONE CLEARLAKE CENTRE, SUITE 1010  
 250 S. AUSTRALIAN AVENUE  
 WEST PALM BEACH FL 33401-3018  
 US~~

2. Principal Place of Business

3. Mailing Address

**ASSOCIATED Property Mang.**

**ASSOCIATED PROPERTY MANAGERS**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**400 S. DIXIE Highway**

**400 S. DIXIE Highway Suite 10**

City & State  
**Suite 10, LAKE WORTH FL**

City & State  
**Lake Worth FL**

Zip  
**33460**

Country  
**US**

Zip  
**33460**

Country  
**US**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0682998**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GELFAND, MICHAEL J ESQ.  
 ONE CLEARLAKE CENTRE, SUITE 1010  
 250 S. AUSTRALIAN AVENUE  
 WEST PALM BEACH FL 33401~~

Name  
**Associated Property Management**  
 Street Address (P.O. Box Number is Not Acceptable)  
**400 South Dixie Hwy, #10**  
 City  
**Lake Worth** FL Zip Code  
**33460**

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.

SIGNATURE *Rosemary McKeary Vice President*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**2/15/00**  
 DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD BALDWIN, CHARLES 12708 SHORELINE DRIVE, #D WELLINGTON FL 33414</del> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD FLATT, JONATHAN 12724 D SHORLINE DR UNIT D WELLINGTON FL 33414</del> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BALDWIN, CHARLES 12708 SHORELINE DR #D WELLINGTON FL 33414 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>ST SNYDER, MARJORIE 12708 F SHORELINE DR WELLINGTON FL 33414</del> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARI SIGAL 12724 Shoreline Dr #F Wellington FL 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAVID LANGSTON 12708 Shoreline Dr #E Wellington FL 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Charles Baldwin* **CHARLES BALDWIN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/8/00**  
 Date

**561 792 3924**  
 Daytime Phone #

CR2E037 (9/99)