

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000005948

**Entity Name:** WELLINGTON SHORES CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 24, 2020**  
**Secretary of State**  
**5405993897CC**

**Current Principal Place of Business:**

C/O DAVENPORT PROPERTY MGMT.  
6620 LAKE WORTH RD. SUITE F  
LAKE WORTH, FL 33467

**Current Mailing Address:**

C/O DAVENPORT PROPERTY MGMT.  
6620 LAKE WORTH RD. SUITE F  
LAKE WORTH, FL 33467 US

**FEI Number:** 20-0479607

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RE MBAUM, JEFF  
9121 N MILITARY TRAIL  
SUITE 200  
PALM BEACH GARDENS, FL 33410 US

*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:** JEFF REMBAUM

04/24/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            NOBEL, CHARLENE  
Address        C/O DAVENPORT PROPERTY MGMT.  
                  6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

Title            SECRETARY, TREASURER  
Name            OKRENT, ANGELA  
Address        C/O DAVENPORT PROPERTY MGMT.  
                  6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

Title            VP  
Name            GRAHAM, DEBRA  
Address        C/O DAVENPORT PROPERTY MGMT.  
                  6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHARLENE NOBEL

PRESIDENT

04/24/2020

Electronic Signature of Signing Officer/Director Detail

Date