

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000005948

**Entity Name:** WELLINGTON SHORES CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Feb 25, 2021**  
**Secretary of State**  
**1656896196CC****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:**REMBaum, JEFF  
1200 PARK CENTRAL BLVD., S.  
POMPAÑO BEACH, FL 33064 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

02/25/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

02/25/2021

Electronic Signature of Signing Officer/Director Detail

Date