

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07110

**FILED**  
**Apr 21, 2015**  
**Secretary of State**  
**CC0998131130**

**Entity Name:** THE SHORES AT WELLINGTON PROPERTY OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O A & G MANAGEMENT SERVICES  
3132 FORTUNE WAY SUITE D-27  
WELLINGTON, FL 33414

**Current Mailing Address:**

C/O A & G MANAGEMENT SERVICES  
3132 FORTUNE WAY SUITE D-27  
WELLINGTON, FL 33414 US

**FEI Number: 59-2728538**

**Certificate of Status Desired: No**

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

LABERGE HARTLEY, PATRICIA  
800 VILLAGE SQUARE CROSSING  
SUITE 222  
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:** PATRICIA LABERGE HARTLEY

04/21/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name HARLAND, MICHAEL  
Address 3132 FORTUNE WAY SUITE D-27  
City-State-Zip: WELLINGTON FL 33414

Title D  
Name EDGAR, CHARLES  
Address 3132 FORTUNE WAY SUITE D-27  
City-State-Zip: WELLINGTON FL 33414

Title DVP  
Name FRITZ, DAVID  
Address 3132 FORTUNE WAY SUITE D-27  
City-State-Zip: WELLINGTON FL 33414

Title D  
Name NOBEL, CHARLENE  
Address 3132 FORTUNE WAY SUITE D-27  
City-State-Zip: WELLINGTON FL 33414

Title DST  
Name LANGSTON, DAVID  
Address 3132 FORTUNE WAY SUITE D-27  
City-State-Zip: WELLINGTON FL 33414

Title D  
Name DEMIG, ROSE  
Address 3132 FORTUNE WAY SUITE D-27  
City-State-Zip: WELLINGTON FL 33414

Title D  
Name GRAHAM, DEBRA  
Address 3132 FORTUNE WAY SUITE D-27  
City-State-Zip: WELLINGTON FL 33414

*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:** MICHAEL HARLAND

DP

04/21/2015

Electronic Signature of Signing Officer/Director Detail

Date