

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07110

**FILED**  
**Mar 12, 2024**  
**Secretary of State**  
**5825452841CC**

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

**Current Principal Place of Business:**

C/O CMC PROPERTY MANAGEMENT  
2950 JOG RD  
GREENACRES, FL 33467

**Current Mailing Address:**

C/O CMC PROPERTY MANAGEMENT  
2950 JOG RD  
GREENACRES, FL 33467 US

**FEI Number: 59-2728538**

**Certificate of Status Desired: No**

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

KAYE BENDER REMBAUM,PL  
1200 PARK CENTRAL BLVD.,SOUTH  
POMPANO 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**

**03/12/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HARLAND, MICHAEL  
Address        C/O CMC PROPERTY MANAGEMENT  
                  2950 JOG RD  
City-State-Zip: GREENACRES FL 33467

Title            VP  
Name            EDGAR, III, CHARLES  
Address        C/O CMC PROPERTY MANAGEMENT  
                  2950 JOG RD  
City-State-Zip: GREENACRES FL 33467

Title            SECRETARY, TREASURER  
Name            NOBEL, CHARLENE  
Address        C/O CMC PROPERTY MANAGEMENT  
                  2950 JOG RD  
City-State-Zip: GREENACRES FL 33467

Title            DIRECTOR  
Name            GRAHAM, DEBRA  
Address        C/O CMC PROPERTY MANAGEMENT  
                  2950 JOG RD  
City-State-Zip: GREENACRES FL 33467

Title            DIRECTOR  
Name            URSINI, MICHAEL  
Address        C/O CMC PROPERTY MANAGEMENT  
                  2950 JOG RD  
City-State-Zip: GREENACRES FL 33467

Title            D  
Name            SKALKA, NORI  
Address        C/O CMC PROPERTY MANAGEMENT  
                  2950 JOG RD  
City-State-Zip: GREENACRES 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: HARLAND , MICHAEL**

**PRESIDENT**

**03/12/2024**

Electronic Signature of Signing Officer/Director Detail

Date