

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07110

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

FILED
Mar 21, 2023
Secretary of State
0187284247CC

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: 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

03/21/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

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

Title DIRECTOR
Name DUEMIG, ROSE
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: MICHAEL HARLAND

PRESIDENT

03/21/2023

Electronic Signature of Signing Officer/Director Detail

Date