2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2011
Secretary of State

DOCUMENT# 758464

Entity Name: THE SHORES AT WELLINGTON CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O A&G MANAGEMENT SERVICES
11360 FORTUNE CIRCLE, SUITE E6A
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

C/O A&G MANAGEMENT SERVICES
11360 FORTUNE CIRCLE, SUITE E6A
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 59-2159399 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A & G MANAGEMENT SERVICES
11360 FORTUNE CIRCLE
SUITE E6A
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP
Name: HARLAND, MICHAEL
Address: 11360 FORTUNE CIRCLE, SUITE E6A
City-St-Zip: WELLINGTON, FL 33414

Title: DS
Name: HOWETT, VIOLETT
Address: 11360 FORTUNE CIRCLE, SUITE E6A
City-St-Zip: WELLINGTO, FL 33414

Title: DT
Name: LAJOIE, PETER
Address: 11360 FORTUNE CIRCLE, SUITE E6A
City-St-Zip: WELLINGTON, FL 33414

Title: D
Name: EDGAR, CHUCK
Address: 11360 FORTUNE CIRCLE, SUITE E6A
City-St-Zip: WELLINGTON, FL 33414

Title: DVP
Name: STEVENS, LINDY
Address: 11360 FORTUNE CIRCLE, SUITE E6A
City-St-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 04/30/2011

Electronic Signature of Signing Officer or Director — Date