


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90116 030 ****61.25

DOCUMENT # N00000005207 1. Entity Name WELLINGTON SHORES ASSOCIATION, INC.					
Principal Place of Business ASSOCIATED PROPERTY MGMT 1928 LAKE WORTH RD. LAKE WORTH, FL 33461			Mailing Address ASSOCIATED PROPERTY MGMT 1928 LAKE WORTH RD. LAKE WORTH, FL 33461		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1050164	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH RD. LAKE WORTH, FL 33461				7. Name and Address of New Registered Agent Name: <u>LOUIS CAPLAN, Esq.</u> Street Address (P.O. Box Number is Not Acceptable): <u>SACHS & SAK</u> <u>301 YAMATO ROAD, Suite 4150</u> City: <u>BOCA RATON</u> FL Zip Code: <u>33431</u>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>[Signature]</u> <u>Di Sachs & Sak</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: <u>4/11/08</u>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAYDEN, MARCIA <input type="checkbox"/> Delete 11180 COBBLEFIELD RD. WELLINGTON, FL 33467				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALLEN, STEVEN D <input type="checkbox"/> Delete 4359 SILVER GLEN DR LAKE WORTH, FL 33467				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FEUER, JASON <input type="checkbox"/> Delete 1182 LAUREL WALK RD LAKE WORTH, FL 33467				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GYULAFIA, LARRY <input type="checkbox"/> Delete 11067 SILVER RIDGE ST LAKE WORTH, FL 33467				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLDSTEIN, BETH <input type="checkbox"/> Delete 11147 SILVER RIDGE ST WELLINGTON, FL 33467				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> <u>STEVEN D VALLEN</u> <u>4/16/08</u> <u>561-793-8336</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					