2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000005207

Entity Name: WELLINGTON SHORES ASSOCIATION, INC.

FILED Apr 23, 2009 Secretary of State

Current Pi	incipal Place	of Business:	New Prince	New Principal Place of Business:		
1928 LAKE	ED PROPERT WORTH RD. RTH, FL 3346		11131 LAL	LUNA PROPERTY MANAGEMENT, INC. 11131 LAUREL WALK ROAD WELLINGTON, FL 33449		
Current M	ailing Addres	s:	New Maili	New Mailing Address:		
1928 LAKE	ED PROPERT WORTH RD. RTH, FL 3346		13860 WE	LUNA PROPERTY MANAGEMENT, INC. 13860 WELLINGTON TRACE 38, #218 WELLINGTON, FL 33414		
FEI Number:	65-1050164	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
CAPLAN, L 301 YAMA SUITE 415 BOCA RAT	TO ROAD	I US	6111 BRO SUITE 200	ASSOCIATED CORPORATE SERVICES, LLC 6111 BROKEN SOUND PARKWAY NW SUITE 200 BOCA RATON, FL 33487 US		
The above in the State		submits this statement for the p	urpose of changing i	its registered	office or registered agent, or both,	
SIGNATURE: LOU CAPLAN				04/23/2009		
Electronic Signature of Registered Agent					Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	TD () HAYDEN, MARC 11180 COBBLE WELLINGTON,	FIELD RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () VALLEN, STEVE 4359 SILVER G LAKE WORTH,	LEN DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () FEUER, JASON 1182 LAUREL V LAKE WORTH,	VALK RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () GYULAFIA, LAR 11067 SILVER I LAKE WORTH,	RIDGE ST	Title: Name: Address: City-St-Zip:	MARCHESE, I	R RIDGE STREET	
Title: Name:	SD () GOLDSTEIN, BE	Delete ETH	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: STEVEN D. VALLEN PD 04/23/2009

11147 SILVER RIDGE ST

WELLINGTON, FL 33467

Address: City-St-Zip: