

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 29, 2010**  
**Secretary of State**

DOCUMENT# N00000005207

**Entity Name:** WELLINGTON SHORES ASSOCIATION, INC.**Current Principal Place of Business:**C/O LUNA PROPERTY MANAGEMENT, INC.  
11131 LAUREL WALK ROAD  
WELLINGTON, FL 33449**New Principal Place of Business:**C/O CMC PROPERTY MANAGEMENT, INC.  
2950 JOG ROAD  
GREENACRES, FL 33467**Current Mailing Address:**C/O LUNA PROPERTY MANAGEMENT, INC.  
13860 WELLINGTON TRACE 38, #218  
WELLINGTON, FL 33414**New Mailing Address:**C/O CMC PROPERTY MANAGEMENT, INC.  
2950 JOG ROAD  
GREENACRES, FL 33467**FEI Number:** 65-1050164**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ASSOCIATED CORPORATE SERVICES, LLC  
6111 BROKEN SOUND PARKWAY NW  
SUITE 200  
BOCA RATON, FL 33487 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: TD  
Name: HAYDEN, MARCIA  
Address: 11180 COBBLEFIELD DRIVE  
City-St-Zip: WELLINGTON, FL 33449

Title: PD  
Name: VALLEN, STEVEN D  
Address: 4359 SILVER GLEN DRIVE  
City-St-Zip: WELLINGTON, FL 33449

Title: VD  
Name: GOLDSTEIN, BETH  
Address: 11147 SILVER RIDGE STREET  
City-St-Zip: WELLINGTON, FL 33449

Title: SD  
Name: MARCHESI, PHILLIP  
Address: 11179 SILVER RIDGE STREET  
City-St-Zip: WELLINGTON, FL 33449

Title: D  
Name: MUCCI, TONY  
Address: 4465 WELLINGTON SHORES DRIVE  
City-St-Zip: WELLINGTON, FL 33449

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: STEVEN D. VALLEN

PRES

08/29/2010

Electronic Signature of Signing Officer or Director

Date