2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000005207

FILED Apr 13, 2011 Secretary of State

Entity Name: WELLINGTON SHORES ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O CMC PROPERTY MANAGEMENT, INC. 4090 WELLINGTON SHORES DR

2950 JOG ROAD WELLINGTON, FL 33449 GREENACRES, FL 33467

Current Mailing Address: 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: Name and Address of New Registered Agent:

ASSOCIATED CORPORATE SERVICES, LLC 6111 BROKEN SOUND PARKWAY NW SUITE 200 BOCA RATON, FL 33487 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

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

Title: VD

Name: GOLDSTEIN, BETH
Address: 11147 SILVER RIDGE ST.
City-St-Zip: WELLINGTON, FL 33449

Title: TD

Name: HAYDEN, MARCIA
Address: 11180 COBBLEFIELD DR
City-St-Zip: WELLINGTON, FL 33449

Title: SD

Name: MARCHESE, PHILLIP

Address: 11179 SILVER RIDGE STREET City-St-Zip: WELLINGTON, FL 33449

Title:

Name: SWIERCINSKY, DAVE
Address: 11117 COBBLEFIELD RD
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: STEVE VALLEN PD 04/13/2011