## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11618

FILED May 01, 2010 Secretary of State

Entity Name: THE SHORES AT WELLINGTON NO. II CONDOMINIUM ASSOCIATION, INC.

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

C/O A & G MANAGEMENT SERVICES 11360 FORTUNE CIRCLE, STE E-6A WELLINGTON, FL 33414 US

Current Mailing Address: New Mailing Address:

C/O A & G MANAGEMENT SERVICES

11924 FOREST HILL BLVD, # 22, PMB 221

WELLINGTON, FL 33414 US

C/O A & G MANAGEMENT SERVICES

11360 FORTUNE CIRCLE, STE E-6A

WELLINGTON, FL 33414 US

FEI Number: 59-2683322 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

A & G MANAGEMENT SERVICES

11924 FOREST HILL BLVD, # 22 PMB 221

WELLINGTON, FL 33414 US

A & G MANAGEMENT SERVICES

11360 FORTUNE CIRCLE, SUITE E6A

WELLINGTON, FL 33414 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: GEORGE PALERMO 05/01/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: DP

Name: FRITZ, DAVID

Address: 11360 FORTUNE CIRCLE, SUITE E6A

City-St-Zip: WELLINGTON, FL 33414

Title: DS

Name: BECKETT, PAMELA

Address: 11360 FORTUNE CIRCLE, SUITE E6A

City-St-Zip: WELLINGTON, FL 33414

Title: DVP

Name: MCGILL, LINDA

Address: 11360 FORTUNE CIRCLE, SUITE E6A

City-St-Zip: WELLINGTON, FL 33414

Title:

Name: SEGAL, JUDY

Address: 11360 FORTUNE CIRCLE, SUITE E6A

City-St-Zip: WELLINGTON, FL 33414

Title: DT

Name: CIOCIOLA, JOANNA

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: DAVE FRITZ DP 05/01/2010