

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002510
1. Corporation Name

The Shores at Wellington No. III Condominium Association, Inc.

Principal Place of Business

Mailing Address

c/o Gelfand & Arpe, P.A.
One Clearlake Centre, Suite 1010
250 South Australian Avenue
West Palm Beach, Florida 33401-5014

3. Date Incorporated or Qualified

5/10/96

4. FEI Number

65-0682998

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 c/o Gelfand & Arpe, P.A.

26 c/o Gelfand & Arpe, P.A.

22 One Clearlake Centre

27 One Clearlake Centre

Suite, Apt. #, etc. 250 S. Australian Ave.

Suite, Apt. #, etc. 250 S. Australian Ave.

City & State Suite 1010

City & State Suite 1010

23 West Palm Beach, FL

28 West Palm Beach, FL

Zip Country

Zip Country

24 33401-5014 25 U.S.A.

29 33401-5014 30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Robert L. Crane, Esq.
1905 Wellington Edge Blvd.
Wellington, Florida 33414

81 Name Michael J. Gelfand, Esq.

82 Street Address (P.O. Box Number is Not Acceptable) Clearlake Centre, Suite 1010

83 250 S. Australian Avenue

84 City West Palm Beach

FL 85 Zip Code 33401

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

5/14/98, Michael J. Gelfand, Esq.

Signature type or provide name, address, telephone number, and date (2001 Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE PD ☒ DELETE

NAME Edward M. Ryan
STREET ADDRESS 1082 Bower Hill Road
CITY-ST-ZIP Pittsburg, P.A. 15243

11 TITLE

12 NAME PD

13 STREET ADDRESS

14 CITY-ST-ZIP

☒ Change ☐ Addition

Charles Baldwin
12708 Shoreline Drive, #D
Wellington, Florida 33414

TITLE VPD ☒ DELETE

NAME Denise Kalland
STREET ADDRESS 1905 Wellington Edge Blvd.
CITY-ST-ZIP Wellington, Florida 33414

21 TITLE

22 NAME VD

23 STREET ADDRESS

24 CITY-ST-ZIP

☒ Change ☐ Addition

Joseph Condo
12708 Shoreline Drive, #A
Wellington, Florida 33414

TITLE STD ☒ DELETE

NAME Terry F. Bove
STREET ADDRESS 3901 Washington Road
CITY-ST-ZIP Cross Road Commons #301
McMurry, PA 15317

31 TITLE

32 NAME ST

33 STREET ADDRESS

34 CITY-ST-ZIP

☒ Change ☐ Addition

Karen Stewart
12724 Shoreline Drive, #B
Wellington, Florida 33414

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

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14. I hereby certify that the information supplied with this filing does not indicate on this annual report or supplemental annual report is an officer or director of the corporation or the receiver or trustee of Block 12 or Block 13 if changed, or on an attachment with an add

I certify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 of Block 12 or Block 13 if changed, or on an attachment with an add to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF S

[Signature]
OFFICER OR DIRECTOR

Charles Baldwin 9/21/98 (561) 792-3924

CR2E037 (10/97)