


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90103 046 ****61.25

DOCUMENT # N96000002510					
1. Entity Name THE SHORES AT WELLINGTON NO. III CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business A & G MANAGEMENT SERVICES 11360 FORTUNE CIRCLE, STE E-6A WELLINGTON, FL 33414 US		Mailing Address A & G MANAGEMENT SERVICES PMB 221, 11924 FOREST HILL BLVD. #22 WELLINGTON, FL 33414 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02252008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0682998	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
A & G MANAGEMENT SERVICES PMB 221 11924 FOREST HILL BLVD., #22 WELLINGTON, FL 33414			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>George Palermo</i>		Agent, George Palermo		4/18/08	
Signature, typed or printed name of registered agent and title, applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LANGSTON, CHARLES DAVID		NAME		
STREET ADDRESS	11924 FOREST HILL BLVD #22 PMB 221		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	DTS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BALDWIN, CHARLES		NAME		
STREET ADDRESS	11924 FOREST HILL BLVD #22 PMB 221		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BARRETT, HEIDI		NAME	DVP Janet LaChance	
STREET ADDRESS	11924 FOREST HILL BLVD #22 PMB 221		STREET ADDRESS	11924 Forest Hill Blvd. #22-221	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	Wellington, FL 33414	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <i>George Palermo</i>		Agent, George Palermo		4/18/08 561-795-3182	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	