


06-30-2003 90064 049 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N9600002510

1. Entity Name
**THE SHORES AT WELLINGTON NO. III
 CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address
ASSOCIATED PROPERTY MANG **ASSOCIATED PROPERTY MANG**
400 S. DIXIE HIGHWAY **400 S. DIXIE HIGHWAY**
LAKE WORTH, FL 33460 US **LAKE WORTH, FL 33460 US**

2. Principal Place of Business 3. Mailing Address
A.G. MANAGEMENT SVCS **A.G. MANAGEMENT SVCS**
 Suite, Apt. #, etc. #22 Suite, Apt. #, etc.
PMB 221, 11924 FOREST HILL BLVD **PMB 221, 11924 FOREST HILL BLVD, #22**

City & State City & State
Wellington, FL **Wellington, FL**
 Zip Country Zip Country
33414 U.S.A. **33414 U.S.A.**

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0682998** Applied For:
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ASSOCIATED PROPERTY MGMT
400 SOUTH DIXIE HWY #10
LAKE WORTH, FL 33460

7. Name and Address of New Registered Agent
 Name **A.G. MANAGEMENT SVCS.**
 Street Address (P.O. Box Number is Not Acceptable)
PMB 221
11924 FOREST HILL BLVD, #22
 City **Wellington** FL Zip Code **33414**

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 *George Palems* DATE **6/23/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW - FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANGSTON, DAVID 12708 SHORELINE DR #E WELLINGTON, FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BALDWIN, CHARLES 12708 SHORELINE DR #D WELLINGTON, FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HICKS, DEANNA 12724 SHORELINE DR #F WELLINGTON, FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *David Langston* DATE **6/27/03** 561-795-3182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)