

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90310 011 ****70.00

DOCUMENT # 758573

1. Entity Name

SAND DUNE SHORES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**165 OCEAN AVE.
PALM BEACH SHORES FL 33404**

Mailing Address

**165 OCEAN AVE.
PALM BEACH SHORES FL 33404**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2327837

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, BOBBIE
12096 A1A
WEST PALM BEACH FL 33410**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW - FEE IS \$61.25
Due By May 1, 2006**

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	P	<input type="checkbox"/> Delete
NAME	ONEAL, LARRY	
STREET ADDRESS	4953 TIMBERCREST DR.	
CITY - ST - ZIP	CANFIELD OH 44406	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	OWENS, CHRIS	
STREET ADDRESS	2201 20TH STREET WEST	
CITY - ST - ZIP	BRADENTON FL 34205	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TOWNSEND, WILLIAM	
STREET ADDRESS	2856 SOUTH GARDEN DRIVE	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MILLER, BOBBIE	
STREET ADDRESS	12096 A1A #F8	
CITY - ST - ZIP	PALM BEACH GARDENS FL 33420	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATKINS, JEFF	
STREET ADDRESS	17 RIDGE ROAD	
CITY - ST - ZIP	COS COB CT 06807	
TITLE	D	<input type="checkbox"/> Delete
NAME	RATHBUN, REX	
STREET ADDRESS	1140 RANCHETTE RD.	
CITY - ST - ZIP	WEST PALM BEACH FL 33406	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Defino, Thomas M.	
STREET ADDRESS	160 Chapel Lane	
CITY - ST - ZIP	Canfield, OH 44406	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Bobbie J. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/06

DATE

Daytime Phone #