

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90023 009 ****70.00

DOCUMENT # 758573

1. Entity Name

SAND DUNE SHORES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

165 OCEAN AVE.
PALM BEACH SHORES FL 33404

165 OCEAN AVE.
PALM BEACH SHORES FL 33404

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2327837

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



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

Bobbie J. Miller

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: P ☐ Delete
NAME: ONEAL, LARRY
STREET ADDRESS: 4953 TIMBERCREST DR.
CITY ST ZIP: CANFIELD OH 44406

TITLE: Director ☐ Change ☒ Addition
NAME: Craig Lewis
STREET ADDRESS: Celebrity Resorts
CITY ST ZIP: 4700 Millenia Blvd.
Orlando, FL 32839

TITLE: V ☐ Delete
NAME: DEFINO, THOMAS M
STREET ADDRESS: 160 CHAPEL LANE
CITY ST ZIP: CANFIELD OH 44406

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY ST ZIP: ☐ Change ☐ Addition

TITLE: TD ☒ Delete
NAME: TOWNSEND, WILLIAM
STREET ADDRESS: 2856 SOUTH GARDEN DRIVE
CITY ST ZIP: LAKE WORTH FL

TITLE: Treasurer ☒ Change ☐ Addition
NAME: Don Gough
STREET ADDRESS: 3986 Dalilee Circle
CITY ST ZIP: West Palm Beach, FL 33417

TITLE: S ☐ Delete
NAME: MILLER, BOBBIE
STREET ADDRESS: 12096 A1A #F8
CITY ST ZIP: PALM BEACH GARDENS FL 33420

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY ST ZIP: ☐ Change ☐ Addition

TITLE: D ☐ Delete
NAME: WATKINS, JEFF
STREET ADDRESS: 17 RIDGE ROAD
CITY ST ZIP: COS COB CT 06807

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY ST ZIP: ☐ Change ☐ Addition

TITLE: D ☐ Delete
NAME: RATHBUN, REX
STREET ADDRESS: 1140 RANCHETTE RD.
CITY ST ZIP: WEST PALM BEACH FL 33406

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY ST ZIP: ☐ Change ☐ Addition

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: *Barbara J. (Bobbie) Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/07 (561) 848-2581

Date

Daytime Phone #