

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90047 028 ***158.75



DOCUMENT # P99000101718	
1. Entity Name SAND DUNES SHORES REALTY, 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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/06)

4. FEI Number	65-0963503	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MILLER, BARBARA F 12096 ALT A1A #F8 PALM BEACH GARDENS 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 Barbara F. Miller DATE _____
Signature, typed or printed name of registered agent and title, if applicable. *NOTE: Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P WILSON, PAULA R 108 CLAREMONT LANE, APT #4 PALM BEACH SHORES FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Paula R. Wilson 100 Claremont Lane, #9 Palm Bch Shores, FL 33404. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address
TITLE NAME STREET ADDRESS CITY ST ZIP	VP WILSON, PAULA R 108 CLAREMONT LANE, APT #4 PALM BEACH SHORES FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S WILSON, PAULA R 108 CLAREMONT LANE, APT #4 PALM BEACH SHORES FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T WILSON, PAULA R 108 CLAREMONT LANE, APT #4 PALM BEACH SHORES FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D WILSON, PAULA R 108 CLAREMONT LANE, APT #4 PALM BEACH SHORES FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D MURRAY, MIKI S 749 ROSE AVE SEBASTIAN FL 32958 <input type="checkbox"/> Delete	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 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 607, 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 F. (Bobbe) Muh 3-29-07 561-848-2581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #