


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90028 024 ***158.75

DOCUMENT # P99000101718

1. Entity Name
SAND DUNES SHORES REALTY, INC.



Principal Place of Business Mailing Address
165 OCEAN AVE. **165 OCEAN AVE.**
PALM BEACH SHORES FL 33404 **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

1st MOORE CR2E034 (10/07)

4. FEI Number Applied For
65-0963503 Not Applicable

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

6. Name and Address of Current Registered Agent
MILLER, BARBARA F
12096 ALT A1A #F8
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State.

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WILSON, PAULA R	
STREET ADDRESS	100 CLAREMONT LANE #9	
CITY-ST-ZIP	PALM BEACH SHORES FL 33404	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILSON, PAULA R	
STREET ADDRESS	108 CLAREMONT LANE APT #4	
CITY-ST-ZIP	PALM BEACH SHORES FL 33404	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILSON, PAULA R	
STREET ADDRESS	108 CLAREMONT LANE APT 4	
CITY-ST-ZIP	PALM BEACH SHORES FL 33404	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILSON, PAULA R	
STREET ADDRESS	108 CLAREMONT LANE APT 4	
CITY-ST-ZIP	PALM BEACH SHORES FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, PAULA R	
STREET ADDRESS	108 CLAREMONT LANE APT 4	
CITY-ST-ZIP	PALM BEACH SHORES FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURRAY, MIKI S	
STREET ADDRESS	749 ROSE AVE	
CITY-ST-ZIP	SEBASTIAN FL 32958	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilson, Paula R.	
STREET ADDRESS	2303 Park Ave, #3	
CITY-ST-ZIP	Singer Island, FL 33404	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, PAULA R.	
STREET ADDRESS	2303 PARK AVE, #3	
CITY-ST-ZIP	SINGER ISLAND, FL 33404	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, PAULA R.	
STREET ADDRESS	2303 PARK AVE, #3	
CITY-ST-ZIP	SINGER ISLAND, FL 33404	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, PAULA R.	
STREET ADDRESS	2303 PARK AVE, #3	
CITY-ST-ZIP	SINGER ISLAND, FL 33404	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, PAULA R.	
STREET ADDRESS	2303 ST PARK AVE, #3	
CITY-ST-ZIP	SINGER ISLAND, FL 33404	
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 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 J. Miller 3/4/08 561/848-2581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #