

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN -8 AM 9:48

**DOCUMENT # 751425 (0)**

1. Corporation Name

**PLACE AU SOLEIL ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
821 EMERALD ROW GULF STREAM FL 33483 US		821 EMERALD ROW GULF STREAM FL 33483 US		03/06/1980	03/29/1994
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21 2750 Avenue Au Soleil		2a PO Box 1784		65-0034669	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State		City & State		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
23 Gulf Stream, Florida		2b Delray Beach, Florida		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Zip	Country	Zip	Country		
24 33483	25 USA	29 33447	30 USA		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DITTMAN, ROBERT A. 501 EAST ATLANTIC AVENUE DELRAY BEACH FL 33483				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNEH, WILLIAM	12 NAME	Lynch, William A. <input checked="" type="checkbox"/> Correct
STREET ADDRESS	976 EMERALD ROW	13 STREET ADDRESS	945 Emerald Row
CITY - ST - ZIP	GULF STREAM FL	14 CITY - ST - ZIP	Gulf Stream, Florida 33483
TITLE	SD	21 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATES, HARRY	22 NAME	Kates, Harry
STREET ADDRESS	2750 AVE AV SOLEIL	23 STREET ADDRESS	2750 Avenue Au Soleil
CITY - ST - ZIP	GULF STREAM FL	24 CITY - ST - ZIP	Gulf Stream, Florida 33483
TITLE	Y	31 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, JAMES	32 NAME	Dittman, Robert A.
STREET ADDRESS	915 EMERALD ROW	33 STREET ADDRESS	501 East Atlantic Avenue
CITY - ST - ZIP	GULF STREAM FL	34 CITY - ST - ZIP	Delray Beach, Florida 33483
TITLE	YD	41 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVOIE, JUDITH	42 NAME	Henderson, Anne
STREET ADDRESS	2775 AVENUE AU SOLEIL	43 STREET ADDRESS	805 Tangerine Way
CITY - ST - ZIP	GULF STREAM FL	44 CITY - ST - ZIP	Gulf Stream, Florida 33483
TITLE	D	51 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, JOY	52 NAME	Brenner, Carl G.
STREET ADDRESS	2522 AVENUE AU SOLEIL	53 STREET ADDRESS	915 Indigo Point
CITY - ST - ZIP	GULF STREAM FL	54 CITY - ST - ZIP	Gulf Stream, Florida 33483
TITLE	VD	61 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, BRUCE	62 NAME	Rooney, Steve J.
STREET ADDRESS	860 INDIGO POINT	63 STREET ADDRESS	930 Emerald Row
CITY - ST - ZIP	GULF STREAM FL	64 CITY - ST - ZIP	Gulf Stream, Florida 33483

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert A. Dittman 5/31/95 (407) 276-2900  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type in Area #)  
 Robert A. Dittman, Vice President