

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 751425 (0)**

1. Corporation Name  
**PLACE AU SOLEIL ASSOCIATION, INC.**



Principal Place of Business  
**2750 AVE AU SOLEIL  
GULF STREAM FL 33483  
US**

Mailing Address  
**P OBOX 1784  
DELRAY BEACH FL 33447  
US**

3. Date Incorporated or Qualified **03/06/1980**      3a. Date of Last Report **06/08/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>65-0034669</b>		Applied For	
21		26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

**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	<b>FL</b>
85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>SD</b>
NAME	<b>LYNCH, WILLIAM A</b>	1.2 NAME	<b>ROSSI, HANNAH</b>
STREET ADDRESS	<b>945 EMERALD ROW</b>	1.3 STREET ADDRESS	<b>2586 AVENUE AU SOLEIL</b>
CITY-ST-ZIP	<b>GULF STREAM FL</b>	1.4 CITY-ST-ZIP	<b>GULF STREAM, FL 33483</b>
TITLE	<b>TD</b>	2.1 TITLE	<b>D</b>
NAME	<b>KATES, HARRY</b>	2.2 NAME	<b>RUDSBRATEN, FINN</b>
STREET ADDRESS	<b>2750 AVE AV SOLEIL</b>	2.3 STREET ADDRESS	<b>2566 AVENUE AU SOLEIL</b>
CITY-ST-ZIP	<b>GULF STREAM FL</b>	2.4 CITY-ST-ZIP	<b>GULF STREAM, FL 33483</b>
TITLE	<b>VD</b>	3.1 TITLE	<b>D</b>
NAME	<b>DITTMAN, ROBERT A</b>	3.2 NAME	<b>ENFIELD, KAY</b>
STREET ADDRESS	<b>501 E ATLANTIC AVE</b>	3.3 STREET ADDRESS	<b>2735 AVENUE AU SOLEIL</b>
CITY-ST-ZIP	<b>DELRAY EBAHC FL</b>	3.4 CITY-ST-ZIP	<b>GULF STREAM, FL 33483</b>
TITLE	<b>SD</b>	4.1 TITLE	
NAME	<b>HENDERSON, ANNE</b>	4.2 NAME	
STREET ADDRESS	<b>805 TANGERINE WAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GULF STREAM FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	
NAME	<b>BRENNER, CARL G</b>	5.2 NAME	
STREET ADDRESS	<b>915 INDIGO POINT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GULF STREAM FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	
NAME	<b>ROONEY, STEVE J</b>	6.2 NAME	
STREET ADDRESS	<b>960 INDIGO POINT</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GULF STREAM FL</b>	6.4 CITY-ST-ZIP	

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 119.07(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HARRY B. KATES TD**

**APRIL 12, 1996 407 278 0066**

Date Daytime Phone #

CR2E037 (12/95)