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FILED
Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 03/06/1980	
4. FEI Number 65-0034669	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**DITTMAN, ROBERT A.
 501 EAST ATLANTIC AVENUE
 DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LYNCH, WILLIAM A		1.2 NAME DITTMAN, ROBERT A.	
STREET ADDRESS 945 EMERALD ROW		1.3 STREET ADDRESS 501 EAST ATLANTIC AVENUE	
CITY-ST-ZIP GULF STREAM FL		1.4 CITY-ST-ZIP DELRAY BEACH, FL 33483	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KATES, HARRY		2.2 NAME	
STREET ADDRESS 2750 AVE AV SOLEIL		2.3 STREET ADDRESS	
CITY-ST-ZIP GULF STREAM FL		2.4 CITY-ST-ZIP	
TITLE VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DITTMAN, ROBERT A		3.2 NAME MALONE, JAMES	
STREET ADDRESS 501 E ATLANTIC AVE		3.3 STREET ADDRESS 2550 Avenue Au Soleil	
CITY-ST-ZIP DELRAY BEACH FL		3.4 CITY-ST-ZIP GULF STREAM, FL 33483	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSSI, HANNAH		4.2 NAME	
STREET ADDRESS 2586 AVENUE AU SOLEIL		4.3 STREET ADDRESS	
CITY-ST-ZIP GULF STREAM FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUDSBRATEN, FINN		5.2 NAME	
STREET ADDRESS 2566 AVENUE AU SOLEIL		5.3 STREET ADDRESS	
CITY-ST-ZIP GULF STREAM FL		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROONEY, STEVE J		6.2 NAME MCDONALD, EDWIN	
STREET ADDRESS 980 INDIGO POINT		6.3 STREET ADDRESS 2538 Avenue Au Soleil	
CITY-ST-ZIP GULF STREAM FL		6.4 CITY-ST-ZIP GULF STREAM, FL 33483	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* PRESIDENT 4-13-98 561-28-2900

CR2E037 (10/97)