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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 751425
 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

487539 - 90036 - 2 9 *



| | | | | | |
|---|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 03/06/1980 | |
| 22 | City & State | 27 | City & State | 4. FEI Number | |
| 23 | Zip | 28 | Zip | 65-0034669 | |
| 24 | Country | 29 | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 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 | |
| | | | | 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)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|-----------------------|
| TITLE | VD | 1.1 TITLE | D |
| NAME | MALONE, JAMES | 1.2 NAME | ARMOUR, ALAN I |
| STREET ADDRESS | 2550 AVENUE AU SOLEIL | 1.3 STREET ADDRESS | 920 INDIGO POINT |
| CITY-ST-ZIP | GULF STREAM FL 33483 | 1.4 CITY-ST-ZIP | GULF STREAM, FL 33483 |
| TITLE | TD | 2.1 TITLE | D |
| NAME | KATES, HARRY | 2.2 NAME | ANDERSON, MURIEL |
| STREET ADDRESS | 2750 AVE AV SOLEIL | 2.3 STREET ADDRESS | 960 INDIGO POINT |
| CITY-ST-ZIP | GULF STREAM FL | 2.4 CITY-ST-ZIP | GULF STREAM, FL 33483 |
| TITLE | PD | 3.1 TITLE | PD |
| NAME | DITTMAN, ROBERT A | 3.2 NAME | DITTMAN, ROBERT A. |
| STREET ADDRESS | 501 E ATLANTIC AVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL 33483 | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | TD |
| NAME | ROSSI, HANNAH | 4.2 NAME | ROSSI, HANNAH |
| STREET ADDRESS | 2586 AVENUE AU SOLEIL | 4.3 STREET ADDRESS | 2586 AVENUE AU SOLEIL |
| CITY-ST-ZIP | GULF STREAM FL | 4.4 CITY-ST-ZIP | GULF STREAM, FL 33483 |
| TITLE | D | 5.1 TITLE | D |
| NAME | RUDSBRATEN, FINN | 5.2 NAME | MANGIONE, ERIC |
| STREET ADDRESS | 2566 AVENUE AU SOLEIL | 5.3 STREET ADDRESS | 2765 AVENUE AU SOLEIL |
| CITY-ST-ZIP | GULF STREAM FL | 5.4 CITY-ST-ZIP | GULF STREAM, FL 33483 |
| TITLE | SD | 6.1 TITLE | D |
| NAME | MCDONALD, EDWIN | 6.2 NAME | GLASS, LINDA |
| STREET ADDRESS | 2538 AVENUE AU SOLEIL | 6.3 STREET ADDRESS | 2520 AVENUE AU SOLEIL |
| CITY-ST-ZIP | GULF STREAM FL 33483 | 6.4 CITY-ST-ZIP | |

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, with all other like empowered.

SIGNATURE: _____

CR2E037 (11/98)