

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90069 039 ****61.25

DOCUMENT # 751425

1. Entity Name
PLACE AU SOLEIL ASSOCIATION, INC.

Principal Place of Business Mailing Address
2750 AVE AU SOLEIL P OBOX 1784
GULF STREAM FL 33483 DELRAY BEACH FL 33447
US US

2. Principal Place of Business **2730 AVE AU SOLEIL**
 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **GULF STREAM, FL** City & State

Zip **33483** Country **USA** Zip Country

4. FEI Number **65-0034669** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **DITTMAN, ROBERT A.**
 Street Address (P.O. Box Number is Not Acceptable)
151 N.W. FIRST AVENUE
 City **DELRAY BEACH** FL Zip Code **33444**

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.

SIGNATURE *Robert A. Dittman* DATE 3-22-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD <input type="checkbox"/> Delete
NAME	MALONE, JAMES
STREET ADDRESS	2550 AVENUE AU SOLEIL
CITY-ST-ZIP	GULF STREAM FL 33483
TITLE	D <input type="checkbox"/> Delete
NAME	ANDERSON, MURIEL
STREET ADDRESS	960 INDIGO POINT
CITY-ST-ZIP	GULF STREAM FL 33483
TITLE	PD <input type="checkbox"/> Delete
NAME	DITTMAN, ROBERT A
STREET ADDRESS	501 E ATLANTIC AVE
CITY-ST-ZIP	DELRAY BEACH FL 33483
TITLE	D <input type="checkbox"/> Delete
NAME	ROSSI, HANNAH
STREET ADDRESS	2586 AVENUE AU SOLEIL
CITY-ST-ZIP	GULF STREAM FL 33483
TITLE	D <input type="checkbox"/> Delete
NAME	MANGIONE, ERIC
STREET ADDRESS	2765 AVE AU SOLEIL
CITY-ST-ZIP	GULF STREAM FL 33483
TITLE	D <input type="checkbox"/> Delete
NAME	GLASS, LINDA
STREET ADDRESS	2520 AVE AU SOLEIL
CITY-ST-ZIP	GULF STREAM FL 33483

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TETZLAFF, CATHARINE
STREET ADDRESS	2730 AVENUE AU SOLEIL
CITY-ST-ZIP	GULF STREAM, FL 33483
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDONALD, EDWIN
STREET ADDRESS	2538 AVENUE AU SOLEIL
CITY-ST-ZIP	GULF STREAM, FL 33483
TITLE	SD D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWEENEY, TIMOTHY
STREET ADDRESS	915 EMERALD ROW
CITY-ST-ZIP	GULF STREAM, FL 33483
TITLE	D, I <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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 617, 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: *Robert A. Dittman* **REQUIRES.** DATE 3-22-2000 DAYTIME PHONE # 561-276-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)