

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90377 009 \*\*\*\*61.25

0092417

**DOCUMENT # 751425**

1. Entity Name

**PLACE AU SOLEIL ASSOCIATION, INC.**

Principal Place of Business

2730 ACE AU SOLEIL  
 GULF STREAM FL 33483  
 US

Mailing Address

P OBOX 1784  
 DELRAY BEACH FL 33447  
 US

2. Principal Place of Business

**915 EMERALD ROW**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**GULF STREAM, FL**

City & State

**DELRAY BEACH**

4. FEI Number

**65-0034669**

Applied For

Not Applicable

Zip

**33483**

Country

**US**

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DITTMAN, ROBERT A.**  
**151 NW FIRST AVENUE**  
**DELRAY BEACH FL 33444**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 checked="" type="checkbox"/> Delete
NAME	DITTMAN, ROBERT A	
STREET ADDRESS	501 E ATLANTIC AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PJD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWEENEY, TIMM	
STREET ADDRESS	915 EMERALD ROW	
CITY-ST-ZIP	GULF STREAM FL 33483	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDONALD, EDWIN	
STREET ADDRESS	2538 AVE AU SOLEIL	
CITY-ST-ZIP	GULF STREAM FL 33483	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, LAURANCE	
STREET ADDRESS	955 ORCHID LANE	
CITY-ST-ZIP	GULF STREAM, FL	
TITLE	SID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TETZLAFF, CATHERINE	
STREET ADDRESS	9730 AVE AU SOLEIL	
CITY-ST-ZIP	GULF STREAM, FL 33483	
TITLE	TJD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANE, JACKIE	
STREET ADDRESS	9730 CARDINAL CIRCE	
CITY-ST-ZIP	GULF STREAM, FL 33483	

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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01

Date

5615263200

Daytime Phone #

CR2E037 (10/00)