

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90109 039 \*\*\*\*61.25



**DOCUMENT # 751425**  
 1. Entity Name  
**PLACE AU SOLEIL ASSOCIATION, INC.**

Principal Place of Business  
**960 INDIGO POINT 2550 AVENUE**  
**GULF STREAM FL 33483 Au SOLEIL**  
 US

Mailing Address  
**960 INDIGO POINT**  
**GULF STREAM FL 33483**  
 US

60033316



1st MOORE CR2E037 (10/04)

2. Principal Place of Business  
 Suite, Apt. #, etc. *see above*

3. Mailing Address  
**P.O. BOX 113**  
 Suite, Apt. #, etc.

City & State  
**BOYNTON BEACH**

Zip Country  
**33425 USA**

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

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

6. Name and Address of Current Registered Agent  
**MANNING, P. MICHAEL**  
**101 S.E. 6TH AVENUE**  
**SUITE B**  
**DELRAY BEACH FL 33483**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, MURIEL 960 INDIGO POINT GULF STREAM FL 33483	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, EDWIN 2538 AVENUE AU SOLEIL GULF STREAM FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP MURPHY, MALCOLM 815 TANGERINE WAY GULF STREAM FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, LAURENCE 955 ORCHID LANE GULF STREAM FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAREN, MATHEWS 2580 AVE AU SOLEIL GULF STREAM FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDRA, BRANDT 2750 CARDINAL CIRCLE GULF STREAM FL 33483	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, BRUCE 960 INDIGO POINT GULF STREAM, FL 33483	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2538 AVENUE AU SOLEIL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPADAFORA, JOSEPH 2710 CARDINAL CIRCLE GULF STREAM, FL 33483	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S DANAHER, MARY 825 TANGERINE WAY GULF STREAM, FL 33483	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P MATHEWS, KAREN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T BRANDT, SANDRA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Sandra E. Brandt* **SANDRA E. BRANDT** 4-5-05 561-272-7705  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #