


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # 751425	
1. Entity Name PLACE AU SOLEIL ASSOCIATION, INC.	
	
Principal Place of Business 815 TANGERINE WAY GULF STREAM, FL 33483 US	Mailing Address P O BOX 113 BOYNTON BEACH, FL 33425 US



03142007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0034669	Applied For Not Applicable
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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

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ANDERSON, BRUCE
STREET ADDRESS	960 INDIGO PT
CITY-ST-ZIP	GULF STREAM, FL 33483

TITLE	P
NAME	MURPHY, MALCOLM
STREET ADDRESS	815 TANGERINE WAY
CITY-ST-ZIP	GULF STREAM, FL 33483

TITLE	DT
NAME	BRANDT, SANDRA
STREET ADDRESS	2750 CARDINAL CIR
CITY-ST-ZIP	GULFSTREAM, FL 33483

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/17/07-80012-016 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4.3.07 561-271-9221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #