

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739243 (4)

1. Corporation Name

FLANDERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business	Mailing Address
C/O PRIME MANAGEMENT GROUP, INC. 5180 W. ATLANTIC AVE. DELRAY BCH. FL 33484	C/O PRIME MANAGEMENT GROUP, INC. 5180 W. ATLANTIC AVE. DELRAY BCH. FL 33484

3. Date Incorporated or Qualified: 06/10/1977
3a. Date of Last Report: 08/25/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1756688	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 6300 Park of Commerce Blvd	27 6300 Park of Commerce Blvd	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Boca Raton, FL	28 Boca Raton, FL	<input type="checkbox"/>	
Zip	Country	29 33487	30
24 33487	25	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GROSSMAN, TED
249 FLANDERS F
KINGS POINT
DELRAY BEACH FL 33346

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABEL, DOROTHY	1.2 NAME	Label, Dorothy
STREET ADDRESS	225 FLANDERS E	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEROLA, LIBBY	2.2 NAME	
STREET ADDRESS	E-195 KINGS POINT	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSMAN, TED	3.2 NAME	Grossman, Theodore I.
STREET ADDRESS	F-249 KINGS POINT	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROTHCHILD, ALFRED	4.2 NAME	Winters, Vi
STREET ADDRESS	FLANDERS P-752 KINGS POINT	4.3 STREET ADDRESS	Flanders I 402
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	Delray Beach, FL 33484
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Theodore I Grossman Theodore I Grossman 4/26/96 407 995 4104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)