FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State 'DIVISION OF CORPORATIONS

DOCUMENT # 739243

(4)

FLANDERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business		Mailing Address		- I INEENI INDUN EEKKA IRKIN KINNI NINNE EIKE ENEN ANNIN NINEEN AINKA AINKA AINKA AINKA AINKA AINKA AINKA AINKA	
6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487 US		6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487-8229 US			
				•	
				3. Date Incorporated or Qualified 06/10/1977	3a. Date of Last Report 05/01/1996
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.		T. Continue of Charles Depleted	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
—, Žip —,	Country	Zip	Country	8. This corporation has liability for in	
24	25	29	30		Yes V No
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Reg	istered Agent
			Name		
	MAN, TED		62 Street Add	dress (P.O. Box Number is Not Acceptable	6)
	NDERS F		63		
KINGS P			63		
DELKAY	BEACH FL 33346		84 City		85 Zip Code
44 5		00 047 4500 51-24- 01-			FL 60 2000
office or re	to the provisions of Sections 617.05 egistered agent, or both, in the Stat	iuz and 617.1506, Florida Sta te of Florida. Such change wa	tutes, the above-hamed co is authorized by the corpor	poration submits this statement for the pu ation's board of directors. I hereby accep	rpose of changing its registered
agent. La	m familiar with, and accept the obli	gations of, Section 617.0503,	Florida Statutes.	·	
SIGNATURE	Signature, typed or printed name of registered a	gent and title it englished.	IOTE: Registered Agent signature requ	uland tubon asimptotical	DATE
12,		ND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFICE	
TITLE	SD	DELETE	1.1 TITLE	,	☐ Change ☐ Addition
NAME	LOBEL, DOROTHY		1.2 NAME		• • •
STREET ADDRESS	225 FLANDERS E		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL		1.4 CITY - ST - ZIP	•	
TITLE	VD	☐ DELETE	21 TITLE		Change Addition
NAME	Merola, Libby		2.2 NAME		
STREET ADDRESS	E-195 KINGS POINT		2.3 STREET ADDRESS		
City-St-7IP	DELRAY BEACH FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TATLE		Change Addition
NAME	GROSSMAN, THEODORE I		3.2 NAME		
STREET ADDRESS	F-249 KINGS POINT		3 3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		3.4. CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		Change Addition
NAME	WINTERS, VI		4 2 NAME		
STREET ADDRESS	FLANDERS I 402		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	Dr. Fre	4.4 City-St-ZiP	······	
TITLE		LT DELETE	5.1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-7iP		DELETE	54 CITY-ST-ZIP		Change Addition
TITLE		L. DECETE	6.1 TITLE		First Change First Modified
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
14. Ldo herek	ov certify that the information suppli	ed with this filing does not au	64 CITY-ST-ZIP	ed in Section 119.07(3)(i), Florida Statutes	I further certify that the
informatio	n indicated on this annual report or	supplemental annual report i	is true and accurate and the	at my signature shall have the same legal	effect as if made under oath; that
appears in	n Block 12 or Block 13 if phanged,	or on an att≰chment with an a	address	ort as required by Chapter 617, Florida St	atotes; and that my hame