

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 741171 (3)
1. Corporation Name
FLANCO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
3701 NORTH COUNTRY CLUB DRIVE NORTH MIAMI BEACH FL 33180
3701 NORTH COUNTRY CLUB DRIVE NORTH MIAMI BEACH FL 33180

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/15/1977 3a. Date of Last Report 03/07/1994

4. FEI Number 59-2072493 Applied For Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
YABLIN, ARNOLD P.A.
6995 FEDERAL HIGHWAY
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

| | | | |
|----------------|----|------|--------------------------------|
| TITLE | P | NAME | LEWIS, MYRON |
| STREET ADDRESS | | | 3701 N. COUNTRY CLUB DR. #2101 |
| CITY-ST-ZIP | | | AVENTURA FL 33180 |
| TITLE | VP | NAME | SIMHA, OVADIA DR |
| STREET ADDRESS | | | 3701 N. COUNTRY CLUB DR. #PH27 |
| CITY-ST-ZIP | | | AVENTURA FL 33180 |
| TITLE | S | NAME | MAIT, LORAINÉ |
| STREET ADDRESS | | | 3731 N CNTRY CLUB 527 |
| CITY-ST-ZIP | | | N MIAMI BEACH, FL 00000 |
| TITLE | T | NAME | SOLOMON, JAY |
| STREET ADDRESS | | | 3731 N CTRY CLUB 1123 |
| CITY-ST-ZIP | | | N MIAMI BEACH, FL 00000 |
| TITLE | D | NAME | BURWICK, BERNARD |
| STREET ADDRESS | | | 3731 N. COUNTRY CLUB DR. #2224 |
| CITY-ST-ZIP | | | AVENTURA FL 33180 |
| TITLE | D | NAME | SCHUESTER, RHEA LABOWITZ |
| STREET ADDRESS | | | 3731 N CNTRY CLB 1127 |
| CITY-ST-ZIP | | | N MIAMI BEACH, FL 00000 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | |

14. I 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 addendum.

SIGNATURE: Myron Lewis Pres. 2/6/95 305/931-1225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR