

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 30 1997 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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 33180-1732**

3. Date Incorporated or Qualified **12/15/1977**      3a. Date of Last Report **03/26/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-2072493** Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip Country 25 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**YABLIN, ARNOLD P.A.  
6995 FEDERAL HIGHWAY  
HOLLYWOOD FL 33020**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, MYRON	1.2 NAME	
STREET ADDRESS	3701 N. COUNTRY CLUB DR. #2101	1.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMHA, OVADIA DR	2.2 NAME	
STREET ADDRESS	3701 N. COUNTRY CLUB DR. #PH27	2.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAIT, LORAIN	3.2 NAME	
STREET ADDRESS	3731 N CNTRY CLUB 527	3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, JAY	4.2 NAME	
STREET ADDRESS	3731 N CTRY CLUB 1123	4.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH, FL 00000	4.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Myron Lewis* **MYRON LEWIS** 4/10/97 305/834/225  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033397

CR2E037 (9/96)