


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 741171					
1. Entity Name FLANCO CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3701 NORTH COUNTRY CLUB DRIVE NORTH MIAMI BEACH FL 33180			Mailing Address 3701 NORTH COUNTRY CLUB DRIVE NORTH MIAMI BEACH FL 33180		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2072493	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FLANCO CONDOMINIUM ASSOC, INC. 3701 N COUNTRY CLUB DR MIAMI FL 33180				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, MYRON		NAME		
STREET ADDRESS	3701 N. COUNTRY CLUB DR. #2101		STREET ADDRESS	U00000077763 03/05/04-80056-021 61.25	
CITY - ST - ZIP	MIAMI FL 33180		CITY - ST - ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMHP, OVADIA		NAME		
STREET ADDRESS	3701 N COUNTRY CLUB DR PH7		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33180		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAIT, LORAIN		NAME		
STREET ADDRESS	3731 N CNTRY CLUB 527		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33180		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KATZMAN, GEORGE		NAME		
STREET ADDRESS	3701 N COUNTRY CLUB DRIVE, PH3		STREET ADDRESS		
CITY - ST - ZIP	AVENTURA FL 33180		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPADAFORA, ROBERT		NAME		
STREET ADDRESS	3731 N COUNTRY CLUB DR #1129		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33180		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SILVERSTEIN, DAVID		NAME		
STREET ADDRESS	3731 N COUNTRY CLUB DR #728		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33180		CITY - ST - ZIP		

12. I 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 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: *Lorraine Mait (dean)*