

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90100 016 \*\*\*\*61.25



**DOCUMENT # 741171**  
 1. Entity Name  
**FLANCO CONDOMINIUM ASSOCIATION, INC.**

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

**50028485**



1st MOORE CR2E037-(10/04)

2. Principal Place of Business 3. Mailing Address  
**3701 N. COUNTRY CLUB DR.** **3701 N. COUNTRY CLUB DR.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **FL-DADE** City & State **FL**  
**AVENTURA** **AVENTURA**  
 Zip **33180** Country **DADE**

4. FEI Number **59-2072493** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**FLANCO CONDOMINIUM ASSOC, INC.**  
**3701 N COUNTRY CLUB DR**  
**MIAMI FL 33180**  
**AVENTURA**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, MYRON	
STREET ADDRESS	3701 N. COUNTRY CLUB DR. #2101	
CITY-ST-ZIP	MIAMI FL 33180 <b>AVENTURA</b>	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SIMHA, OVADIA	
STREET ADDRESS	3701 N COUNTRY CLUB DR PH7	
CITY-ST-ZIP	MIAMI FL 33180 <b>AVENTURA</b>	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MAIT, LORAIN	
STREET ADDRESS	3731 N CNTRY CLUB 527	
CITY-ST-ZIP	MIAMI FL 33180 <b>AVENTURA</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KATZMAN, GEORGE	
STREET ADDRESS	3701 N COUNTRY CLUB DRIVE, PH3	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPADAFORA, ROBERT	
STREET ADDRESS	3731 N COUNTRY CLUB DR #1129	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SILVERSTEIN, DAVID	
STREET ADDRESS	3731 N COUNTRY CLUB DR #728	
CITY-ST-ZIP	MIAMI FL 33180 <b>AVENTURA</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERMAN SID	
STREET ADDRESS	3701 N COUNTRY CLUB DR. # 2101	
CITY-ST-ZIP	AVENTURA FL. 33180	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAIGE KAREN	
STREET ADDRESS	3701 N. COUNTRY CLUB DR. # 1409	
CITY-ST-ZIP	AVENTURA FL. 33180	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROFFMAN ALLEN	
STREET ADDRESS	3731 N. COUNTRY CLUB DR # 2128	
CITY-ST-ZIP	AVENTURA FL. 33180	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERSTEIN DAVID	
STREET ADDRESS	3731 N. COUNTRY CLUB DR.	
CITY-ST-ZIP	AVENTURA FL. 33180	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVADIA SIMHA	
STREET ADDRESS	3701 N. COUNTRY CLUB DR.	
CITY-ST-ZIP	AVENTURA FL. 33180	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAIT LORAIN	
STREET ADDRESS	3701 N. COUNTRY CLUB DR.	
CITY-ST-ZIP	AVENTURA FL. 33180	

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: [Signature] **3/3/05** **305-931-1225**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #