NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMEN TE STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

(1)

FLANDERS H ASSOCIATION, INC.						
Principal Place of Business Mailing Address					1 199111 19911 31914 31911 48199 1111	5 (817 5181) A1811 A1811 A1811 A1811 A1811 (88)
C/O PRIME MANAGEMENT GROUP, INC. 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487		C/O PRIME MANAGEMENT GROUP, INC. 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487		Date Incorporated or Qualified	3a. Date of Last Report	
					02/16/1978	05/01/1995
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		59-1835673	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 Мау Ве
23		28		Trust Fund Contribution	Added to Fees	
Zip	·		Country		This corporation has liability for i Florida Statutes	ntangible thx under s. 199.032,
24	9. Name and Address of Curre	29 Agent	30		10. Name and Address of New R	
	9. Hattie and Addition of Contra		8	1 Name		
RAIBLE, RONALD				2 Street A	Address (P.O. Box Number is Not Acceptab	le)
1051 SOUTH ROGERS CIRCLE						
BOCA RATON FL 33487			8	3		
			6	4 City		FL 85 Zip Code
11 Dureupet t	a the provisions of Sections 617.05	02 and 617 1508. Florida Statute	es the above	named co	rporation submits this statement for the pur	pase of changing its registered office
or registers	ed agent, or both, in the State of Flo h, and accept the obligations of, Se	orida. Such change was authorize	ed by the co	poration's I	board of directors. Thereby accept the app	ointment as régistered agent. I am
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable INC	TE: Flugistered Ag	jent signature re	xydired when renstating	DATE.
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	
TITLE	PD	DELETE	1 1 TITLE		AGENT	Change 🖈 Addition
NAME	BERKWOITZ, LEONARD		1 2 NAM	1	RAIBLE, RONALD	
STREET ADORESS			1.3 STREET ADDRESS		6300 PARK OF COMMERCE BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL V	DELETE	2 1 TITLE	- S1 - ZIP :	BOCA RATON, FL 3	3487 ☐ Change ☑ Addition
TITLE NAME	V FISHER, AL	X-X'ette/2	2 2 NAM		V SCHWARZ, CHARLES	_ · · · · · · · · · · · · · · · · · · ·
STREET ADDRESS	860 FLANDERS R			ET ADDRESS	823 FLANDERS R	
CITY-ST-ZIP	DELRAY BEACH FL			-ST-ZIP	025 I DANDDRO R	
TITLE	S	DELETE	3 1 TITL			Change Addition
NAMÉ	LEW, HAROLD		3 2 NAM	E Ì	_0570670601	08180 m M. 016004
STREET ADDRESS	837 FLANDERS R		3 3 STR	ET ADDRESS	***857.50	3-111-9/2
CITY-ST-ZIP	DELRAY BEACH FL	-Close ste		r-SI-ZIP		Change 😡 Addition
TITLE	DIV	X XDELETE	4.1 TITL 4.2 NAF		T PRETRUEIN ANN	C Sublige X vestilet
NAME	SCHATTLS, MEYER			TET ADDRÉSS	FREIDHEIM, ANN	
STREET ADDRESS	822 FLANDERS R			-ST-ZIP	838 FLANDERS R	
CITY-ST-ZIP TITLE	DELRAY BEACH FL D	XXDEFELE	5 1 TITL		D	Cnange Addition
NAME	ALMAN, ED	A.V.	5 2 NAN		PINSKER, IVAN	4
STREET ADDRESS	KINGS PT. FLANDERS Q 8	319	5 3 STR	EET ADDRESS	838 FLANDERS 75	
CITY-ST-ZIP	DELRAY BEACH FL		5.4.0111	r - ST - ZIP	222 22222 7.3	
TITLE	D	□X ∂ELETE	61 TITL	F	D	☐ Change
NAME	WILENSKY, SARA		62 NAM	4E	KLEIMAN, IRVING	
STREET ADDRESS	FLANDERS 5 841			EET ADDRESS	843 FLT STARS R	
CITY-ST-ZIP	DELRAY BEACH FL	1 20 02 60 2 2 2 2 2 2	6 4 CIT	r-ST-ZIP	olik, for the exemption stated in Section 115	07/3/lk) Florida Statutes I further
					alify for the exemption stated in Section 119 courate and that my signature shall have the	
l oath that	l am an officer or director of the con Block 12 or Block 13 if rhanged.	rmoration or the receiver of truste	se empowere	ed to execut	te this report as required by Chapter 617, F	nonda statutes, and that my name

SIGNATURE: