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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **738696** (4)

1. Corporation Name

FLANDERS D ASSOCIATION, INC.



Principal Place of Business

Mailing Address

PRIME MANAGEMENT GROUP, INC.
~~1051 SOUTH ROGERS CIRCLE~~
BOCA RATON FL 33487

PRIME MANAGEMENT GROUP, INC.
~~1051 SOUTH ROGERS CIRCLE~~
BOCA RATON FL 33487-2816

6300 Park of Commerce Blvd

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #,
22 City & State
23 Zip

PRIME MGMT. GROUP, INC.
6300 PRK. OF COMMERCE BLVD
BOCA RATON, FL. 33487

24 25 29 30

3. Date Incorporated or Qualified
04/20/1977

3a. Date of Last Report
05/01/1996

4. FEI Number
59-1774407

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

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

RAIBLE, RONALD
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

81 Name

82 Street Address

83

84 City

SWATT, MYRON
6300 PK OF COMMERCE BLVD
BOCA RATON, FL 33487

11. Pursuant to the provisions of Sections 617.0592 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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/4/97

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE **P**
NAME **FENSTER, BERNARD**
STREET ADDRESS **KINGS PT. FLANDERS D 157**
CITY-ST-ZIP **DELRAY BEACH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **V**
NAME **DRESNER, MARVIN**
STREET ADDRESS **KING PT. FLANDERS D 160**
CITY-ST-ZIP **DELRAY BEACH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **DS**
NAME **WAXBERG, FANNY**
STREET ADDRESS **165 FLANDERS D**
CITY-ST-ZIP **DELRAY BEACH FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **DT**
NAME **SCHACHER, DAVID**
STREET ADDRESS **155 FLANDERS D**
CITY-ST-ZIP **DELRAY BEACH FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **ROSENBLATT, ANNE**
4.3 STREET ADDRESS **154 Flanders D**
4.4 CITY-ST-ZIP **Delray Beach Fla**

TITLE **D**
NAME **KAPLAN, ARTHUR**
STREET ADDRESS **KINGS PT. FLANDERS D 161**
CITY-ST-ZIP **DELRAY BEACH FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0039640**

CR2E037 (9/96)