FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
[illegible]
Secretary of State
[illegible]

FILED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:47

DOCUMENT # **738699** **(8)**

1. **FLANDERS O ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/20/1977**
3a. Date of Last Report: **03/24/1994**
4. FEI Number: **59-1783641** ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24:
Country 25:
Zip 29:
Country 30:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangibles 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
KAPLAN, A. GUDDY KINGS POINT PHASE III FLANDERS O UNIT 677 DELRAY BEACH FL 33484	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [illegible] (If changing Registered Agent, Registered Agent must sign above after typed name.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	KAPLAN, A. GUDDY	12 NAME	
STREET ADDRESS	KINGS PT. FLANDERS O 677	13 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	HERTZ, ABE	22 NAME	
STREET ADDRESS	KINGS PT. FLANDERS O 695	23 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	24 CITY ST ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	BERNSTEIN, GERIE	32 NAME	
STREET ADDRESS	FLANDERS O 682	33 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☑ Change ☐ Addition
NAME	PINCUS, IRVING	42 NAME	Reh, Harriet
STREET ADDRESS	KINGS PT. FLANDERS O 698	43 STREET ADDRESS	912 Flanders O
CITY ST ZIP	DELRAY BEACH FL	44 CITY ST ZIP	Delray Bch. FL 33484
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	KIRSCHNER, SARAH	52 NAME	
STREET ADDRESS	FLANDERS O 673	53 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☑ Change ☐ Addition
NAME	LIEBERMAN, HENRY	62 NAME	Weinbaum, Al
STREET ADDRESS	KINGS PT. FLANDERS O 713	63 STREET ADDRESS	658 Flanders O
CITY ST ZIP	DELRAY BEACH FL	64 CITY ST ZIP	Delray Bch. FL 33484

14. I/We hereby certify that this information supplied with this filing is voluntarily furnished and 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: A. Guddy Kaplan Pres. 3/31/95 459-4487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013678