

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738699 (8)

1. Corporation Name

FLANDERS O ASSOCIATION, INC.

Principal Place of Business

C/O PRIME MANAGEMENT GROUP, INC.
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

Mailing Address

C/O PRIME MANAGEMENT GROUP, INC.
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487



3. Date Incorporated or Qualified
04/20/1977

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

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26

4. FEI Number
59-1783641

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Ronald Raible
6300 Park of Commerce Blvd.
Boca Raton, FL 33487

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 617.0502 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P KAPLAN, A. GUDDY
KINGS PT. FLANDERS O 677
DELRAY BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V HERTZ, ABE
KINGS PT. FLANDERS O 695
DELRAY BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ST BERNSTEIN, GERIE
FLANDERS O 682
DELRAY BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D KLEIN, HARRIET
712 FLANDERS O
DELRAY BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D KIRSCHNER, SARAH
FLANDERS O 673
DELRAY BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D WEINBRUM, AL
684 FLANDERS O
DELRAY BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

PD Harmon, Sid
675 Flanders O

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

-VPD Weinbrum, Al
684 Flanders O

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

SD Bernstein, G.
682 Flanders O

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TD Bernstein, G.
682 Flanders O

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

DD Kaplan, A Guddy
677 Flanders O

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

DD Goldberg, E.
687 Flanders O

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (12/95)