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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 738699

1. Corporation Name

FLANDERS O ASSOCIATION, INC.

Principal Place of Business

C/O PRIME MANAGEMENT GROUP, INC.  
6300 PARK OF COMMERCE BLVD  
BACO RATON FL 33487  
US

Mailing Address

C/O PRIME MANAGEMENT GROUP, INC.  
6300 PK OF COMMERCE BLVD  
BACO RATON FL 33487  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

04/20/1977

4. FEI Number

59-1783641

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 SD ☐ DELETE

NAME HARMON, SIDNEY  
STREET ADDRESS 675 FLANDERS O  
CITY-ST-ZIP DELRAY BEACH FL

TITLE PD ☐ DELETE

NAME WEINBRUM, AL  
STREET ADDRESS 684 FLANDERS O  
CITY-ST-ZIP DELRAY BEACH FL

TITLE DD ☐ DELETE

NAME BERNSTEIN, G.  
STREET ADDRESS 682 FLANDERS O  
CITY-ST-ZIP DELRAY BEACH FL

TITLE VD ☐ DELETE

NAME KAPLAN, A. GUDDY  
STREET ADDRESS 677 FLANDERS O  
CITY-ST-ZIP DELRAY BEACH FL

TITLE DD ☐ DELETE

NAME GOLDBERG, E.  
STREET ADDRESS 687 FLANDERS O  
CITY-ST-ZIP DELRAY BEACH FL

TITLE D ☒ DELETE

NAME RUBIN, EDITH  
STREET ADDRESS 686 FLANDERS O  
CITY-ST-ZIP DELRAY BEACH FL 33484

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

UPD ☒ Change ☐ Addition

Al Weinbrum  
684 Flanders O

T.D. ☒ Change ☐ Addition

G. Bernstein  
682 Flanders O

P. Guddy Kaplan ☒ Change ☐ Addition

677 Flanders O

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

D Harriet + Klein  
712 Flanders O

14. 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 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99

Date

Daytime Phone #

CR2E037-(11/98)