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FILED
Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742039 (1)

1. Corporation Name
FLANDERS R ASSOCIATION, INC.



Principal Place of Business C/O PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487 US	Mailing Address C/O PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487 US
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3. Date Incorporated or Qualified 02/16/1978		
4. FEI Number 59-1835673	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	30. Country

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	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]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<i>Director</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERKWOITZ, LEONARD	1.2 NAME	<i>Robert Altman</i>
STREET ADDRESS	KINGS PT. FLANDERS R 835	1.3 STREET ADDRESS	<i>Kings Pt Flanders R 818</i>
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	<i>Delray Beach, FL</i>
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<i>Director</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWARZ, CHARLES	2.2 NAME	<i>Ed Altman</i>
STREET ADDRESS	823 FLANDERS R	2.3 STREET ADDRESS	<i>Kings Pt Flanders R 819</i>
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	<i>Delray Beach FL</i>
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<i>TS</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEW, HAROLD	3.2 NAME	<i>Harold Lew</i>
STREET ADDRESS	837 FLANDERS R	3.3 STREET ADDRESS	<i>837 Flanders R</i>
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	<i>Delray Beach, FL</i>
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<i>P</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREIDHEIM, ANN	4.2 NAME	<i>Irving Kleiman</i>
STREET ADDRESS	838 FLANDERS R	4.3 STREET ADDRESS	<i>835 Flanders R</i>
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	<i>Delray Beach FL</i>
TITLE	DD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROPP, MIKE	5.2 NAME	
STREET ADDRESS	854 FLANDERS R	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIMAN, IRVING	6.2 NAME	
STREET ADDRESS	843 FLANDERS R	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]*

CR2E037 (10/97)