

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-03-2001 90032 002 ****61.25

DOCUMENT # 739243
1. Entity Name
FLANDERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
6300 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487
US
Mailing Address
6300 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487
US

2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number 59-1756688
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GROSSMAN, TED
249 FLANDERS F
KINGS POINT
DELRAY BEACH FL 33346

7. Name and Address of New Registered Agent
Name: MORRIS GIMPSON
Street Address (P.O. Box Number is Not Acceptable): Delray A4
City: Kings Point
City: Delray Beach FL Zip Code: 33446

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
SIGNATURE: Morris Gimpson
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: 3/23/01

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
Make Check Payable to Department of State

Table with 2 columns: 10. OFFICERS AND DIRECTORS, 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Rows include LOBEL, DOROTHY; MEROLA, LIBBY; GROSSMAN, THEODORE I; WINTERS, VI.

12. 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 report or supplemental 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 10 or Block 11 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
Date: 3/29/01
Daytime Phone #: 561 499-5727



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)