

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90016 022 ****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
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1756688** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GIMPELSON, MORRIS
 A BRITTANY A.
 KINGS POINT
 DELRAY BEACH FL 33346**

Name **SWATT, MYRON**
 Street Address (P.O. Box Number is Not Acceptable)
**610 PRIME MANAGEMENT
 6300 PARK OF COMMERCE BLVD.**
 City **BOCA RATON FL** Zip Code **33487**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME SD LOBEL, DOROTHY STREET ADDRESS 225 FLANDERS E CITY-ST-ZIP DELRAY BCH FL	<input type="checkbox"/> Delete
TITLE NAME VD MEROLA, LIBBY STREET ADDRESS E-195 KINGS POINT CITY-ST-ZIP DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE NAME PD GROSSMAN, THEODORE I STREET ADDRESS E-240 KINGS POINT CITY-ST-ZIP DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE NAME TD WINTERS, VI STREET ADDRESS FLANDERS I 402 CITY-ST-ZIP DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME SD LOBEL, DOROTHY STREET ADDRESS 225 FLANDERS E CITY-ST-ZIP DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VD MEROLA, LIBBY STREET ADDRESS 195 FLANDERS E CITY-ST-ZIP DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME PD GROSSMAN, THEODORE STREET ADDRESS 249 FLANDERS F CITY-ST-ZIP DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME TD WINTERS, VI STREET ADDRESS 402 FLANDERS I CITY-ST-ZIP DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of Director Date 4/18/2002 Daytime Phone # _____

CFR2037 (9/01)