

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90104 019 ****61.25

DOCUMENT # 740531 1. Entity Name FLANDERS G ASSOCIATION, INC.					
Principal Place of Business PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON, FL 33487 US			Mailing Address PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON, FL 33487 US		
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 59-1819234	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SWATT, MYRON 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487				Name FLANDERS G ASSOCIATION, INC. Street Address (P.O. Box Number is Not Acceptable) ARNIE BERNSTEIN 6300 PARK OF COMMERCE BOULEVARD 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE ARNIE BERNSTEIN Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating.)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SPILOFEL, MORRIS		NAME		
STREET ADDRESS	291 FLANDERS G		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	V	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	KAPLAN, JACK		NAME	VP	
STREET ADDRESS	KINGS PT. FLANDERS G 316		STREET ADDRESS	SCARAFI, DANIEL	
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP	334 FLANDERS G	
TITLE	S	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	BROWNFELD, SHIRLEY		NAME	S	
STREET ADDRESS	292 FLANDERS G		STREET ADDRESS	LAROSA, GRACE	
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP	301 FLANDERS G	
TITLE	D	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	LA ROSA, GRACE		NAME	D	
STREET ADDRESS	301 FLANDERS G		STREET ADDRESS	LIPSON, GERALD	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	295 FLANDERS	
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BIELEY, BENSON		NAME		
STREET ADDRESS	309 FLANDERS G		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	LEVINE, MIKE		NAME	D	
STREET ADDRESS	327 FLANDERS G		STREET ADDRESS	DECKEE, DAVID	
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP	317 FLANDERS G	
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 title empowered.					
SIGNATURE: Benson Bieley 4/1/05 496-7559 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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