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NONPROFIT  
CORPORATION  
ANNUAL REPORT



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

1999

DOCUMENT # 738698

1. Corporation Name

FLANDERS L 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

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

59-1790886

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

SWATT, MYRON  
6300 PARK 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 P ☐ DELETE

NAME SANDLER, EDWIN  
STREET ADDRESS KINGS POINT FLANDERS L-563  
CITY-ST-ZIP DELRAY BEACH FL

TITLE VP ☐ DELETE

NAME SIMON, STEPHEN  
STREET ADDRESS FLANDERS L-532  
CITY-ST-ZIP DELRAY BEACH FL

TITLE T ☐ DELETE

NAME SIMON, JEAN  
STREET ADDRESS KINGS PT. FLANDERS L 532  
CITY-ST-ZIP DELRAY BEACH FL

TITLE S ☒ DELETE

NAME VAMHOVE, MARGARET  
STREET ADDRESS 554 FLANDERS L  
CITY-ST-ZIP DELRAY BEACH FL

TITLE D ☒ DELETE

NAME SANDLER, VIVIAN  
STREET ADDRESS 563 FLANDERS L  
CITY-ST-ZIP DELRAY BEACH FL

TITLE D ☒ DELETE

NAME LEWIS, ROSE  
STREET ADDRESS 533 FLANDERS L  
CITY-ST-ZIP DELRAY BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☒ Change ☐ Addition

Edwin Sandler  
563 Flanders L

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☒ Addition

Milt Drassinower  
531 Flanders L

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☒ Addition

Al Rosenberg  
556 Flanders L

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

Al Gorman  
558 Flanders L

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 REQUIRED

2/10/99

Date

Daytime Phone #

CR2E037 (11/98)