


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-03-2005 90104 018 ****61.25

DOCUMENT # 738696 1. Entity Name FLANDERS D 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 59-1774407	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SWATT, MYRON 6300 PK OF COMMERCE BLVD BOCA RATON, FL 33487				Name FLANDERS D 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 <u>ARNIE BERNSTEIN</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DRESNER, MARVIN	NAME			
STREET ADDRESS	163 FLANDERS D	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHUDNOFF, ANN	NAME			
STREET ADDRESS	150 FLANDERS D	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP			
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KAPLAN, PHYLLIS	NAME	SD		
STREET ADDRESS	161 FLANDERS D	STREET ADDRESS	GLUCKMAN, ROZ		
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP	171 FLANDERS D		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DEITCHAM, RONI	NAME	D		
STREET ADDRESS	153 FLANDERS D	STREET ADDRESS	GOODMAN, JACK		
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP	164 FLANDERS D		
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GLICKMAN, SHELDON	NAME	TD		
STREET ADDRESS	171 FLANDERS D	STREET ADDRESS	MOORE, GEORGE		
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP	188 FLANDERS D		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHACHER, SELMA	NAME			
STREET ADDRESS	155 FLANDERS D	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL	CITY-ST-ZIP			
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: <u>Marvin Dresner</u> 4-13-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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