


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90017 050 ****61.25

DOCUMENT # 738698		
1. Entity Name FLANDERS L ASSOCIATION, INC.		

Principal Place of Business 1315 NW 8TH STREET BOYNTON BEACH, FL 33426 US	Mailing Address 1315 NW 8TH STREET 6300 PRK OF COMMERCE BLVD BOYNTON BEACH, FL 33426 US
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2. Principal Place of Business - No P.O. Box # 15300 Jog Road Suite, Apt. #, etc. Suite # 109	3. Mailing Address P.O. Box 244464 Suite, Apt. #, etc.
City & State Delray Beach, FL	City & State Boynton Beach, FL
Zip 33446	Country USA
Zip 33446	Country USA

40040320



03052007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent WILSON, DANNY 1315 NW 8TH STREET BOYNTON BEACH, FL 33426	7. Name and Address of New Registered Agent Name: Danny Wilson, Wilson Management Street Address (P.O. Box Number is Not Acceptable) 15300 Jog Road, Suite # 109 City: Delray Beach FL Zip Code: 33446
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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 Danny Wilson DATE 3/13/2007

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, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANDLER, EDWIN 563 FLANDERS L DELRAY BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Zucker, Florence 562 Flanders L Delray Beach, FL 33484 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CILMAN, FLORENCE 535 FLANDERS L DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Eisner Ruby 569 Flanders L Delray Beach, FL 33484 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDLER, VIVIAN 563 FLANDERS L DELRAY BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gorman, Al 558 Flanders L Delray Beach, FL 33484 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GORMAN, ALBERT 558 FLANDERS L DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, ROSE 534 FLANDERS L DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EISNER, STANLEY 569 FLANDERS L DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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] DATE 3-9-07 DAYTIME PHONE # 476 5663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR