


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90181 028 \*\*\*\*61.25

**DOCUMENT # 743712**  
 1. Entity Name  
 FLANDERS A ASSOCIATION, INC.




Principal Place of Business  
 PRIME MANAGEMENT GROUP, INC.  
 6300 PARK OF COMMERCE BLVD  
 BOCA RATON, FL 33487 US

Mailing Address  
 PRIME MANAGEMENT GROUP, INC.  
 6300 PARK OF COMMERCE BLVD  
 BOCA RATON, FL 33487 US

40060491

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



01292007 Chg-NP CR2E037 (12/06)

4. FEI Number  
 59-1886746 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 FLANDERS A ASSOC., INC.  
 6300 PK OF COMMERCE BLVD  
 BOCA RATON, FL 33487

7. Name and Address of New Registered Agent  
 Name Flanders A  
 Street Address (P.O. Box Number is Not Acceptable)  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE \_\_\_\_\_  
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.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	STOPLER, NAT	
STREET ADDRESS	20 FLANDERS A	
CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHAPIN, ANNE	
STREET ADDRESS	37 FLANDERS A	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STOPLER, CEIL	
STREET ADDRESS	20 FLANDERS A	
CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ORNSTEIN, IDA	
STREET ADDRESS	26 FLANDERS A	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROSENBLUM, ROSALIND	
STREET ADDRESS	5 FLANDERS A	
CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOILES, LENNY	
STREET ADDRESS	22 FLANDERS A	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>D</u>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 lines empowered.

SIGNATURE:  DATE: 3/22/07 DAYTIME PHONE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR