

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90179 046 ****61.25

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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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-1886746**

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
**SWATT, MYRON
6300 PK OF COMMERCE BLVD
BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *NATHAN STOPLER* **NATHAN STOPLER** 3-24-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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	STPOLER, NAT	
STREET ADDRESS	20 FLANDERS A	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROSENBLUM, ROSALIND	
STREET ADDRESS	5 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	D	<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 checked="" type="checkbox"/> Delete
NAME	ORNSTEIN, JOE	
STREET ADDRESS	26 FLANDERS A	
CITY-ST-ZIP	DELRAY BCH FL 33484	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Isabel Levy	
STREET ADDRESS	84 Flanders A	
CITY-ST-ZIP	DeLray Beach FL 33484	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: *Nathan Stopler* **SIGNATURE REQUIRED** 4/10/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)