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

## **DOCUMENT # 738696**

1. Entity Name

FLANDERS D ASSOCIATION, INC.



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

05-16-2003 90179 044 \*\*\*\*61.25

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 80CA RATON FL 33487 US							1111 HILI 11			
2. Principal Place of Business 3. N				. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City &	City & State				4. FEI Number 59-1774407 Applied For Not Applied ber					
Zip	Country			Zip Count			5. Certificate of Status Desired				\$8.75 Additional Fee Required		
	Registered A	gent				7. Name and Add	ress of New	Registered A	jent				
Aug Agran						Name							
SWATT, MYRON 6300 PK OF COMMERCE BLVD				Street Address			Address (F	P.O. Box Number is Not Acceptable)					
BOCA RATON FL 33487													
÷				City						FL	Zip Cod	э	
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  Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE													
FILE NOW: FEE IS \$61.25				Election Campaign Financing     Trust Fund Contribution.				\$5.00 May Be Added to Fees		ake Check ida Departr			
10.		OFFICERS AND DIF	RECTORS		11.			DDITIONS/CHANG	ES TO OFFIC	ERS AND DIRE	CTORS IN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dre <b>s</b> ner, 163 Fland	ers d		☐ Delete			171 6	don Gic Flanders	D		☐ Change	Addition	
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STREET ADDRESS CITY-ST-ZIP	170 FLAND					T ADDRESS ST-ZIP						-	
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NAME	SCHACHE	R, SELMA		TT Deleté	TITLE NAME						cualige	☐ vontion	
STREET ADDRESS	155 FLAND	•			OTDEE		I						
CITY-ST-ZIP	DELRAY B				CITY-	T ADDRESS	ļ						

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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-24-03

Daytime Phone #

CR2E037 (