


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90014 006 ****61.25

DOCUMENT # 739243 1. Entity Name FLANDERS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487 US			Mailing Address 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1756688	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SWATT, MYRON PRIME MANAGEMENT 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487				7. Name and Address of New Registered Agent Name Hilley + Wyant-Cortez, P.A. Street Address (P.O. Box Number is Not Acceptable) 860 U.S. Highway One, Suite 108 North Palm Beach FL 33408	
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. Attorney Hilley + Wyant-Cortez, P.A. J. Clayton 03-06-08 SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	1VD IOVINE, FRANK 733 FLANDERS P DELRAY BEACH, FL 33184	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P / D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEROLA, LIBBY 195 FLANDERS E DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D SANDY MILLER 344 FLANDERS H DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CURRY, NANCY 235 FLANDERS E DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERSHKOWITZ, IRVING 750 FLANDERS P DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: <u>J. Clayton</u> <u>Jan 31 08</u> <u>561 302 8803</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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