

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90230 001 \*4,226.25

**DOCUMENT # 740532**

1. Entity Name  
**FLANDERS J ASSOCIATION, INC.**



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**  
**BOCA RATON, FL 33487 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1805173**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWATT, MYRON**  
**6300 PK OF COMMERCE BLVD**  
**BOCA RATON, FL 33487**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** ☐ Delete  
NAME **WEBB, SHEILA**  
STREET ADDRESS **453 FLANDERS J**  
CITY-ST-ZIP **DELRAY BEACH, FL**

TITLE **P** ☒ Change ☐ Addition  
NAME **Webb, Sheila**  
STREET ADDRESS **453 Flanders J**  
CITY-ST-ZIP **Delray Beach, FL 33484**

TITLE **P** ☒ Delete  
NAME **FEINSTEIN, SID**  
STREET ADDRESS **439 FLANDERS J**  
CITY-ST-ZIP **DELRAY BEACH, FL**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Annette Miller**  
STREET ADDRESS **455 Flanders J**  
CITY-ST-ZIP **Delray Beach, FL 33484**

TITLE **T** ☒ Delete  
NAME **MORSE, AL**  
STREET ADDRESS **KINGS PT. FLANDERS J 480**  
CITY-ST-ZIP **DELRAY BEACH, FL**

TITLE **T** ☐ Change ☒ Addition  
NAME **Bruce Gerson**  
STREET ADDRESS **448 Flanders J**  
CITY-ST-ZIP **Delray Beach, FL 33484**

TITLE **SD** ☐ Delete  
NAME **NOVEMBER, BETTY**  
STREET ADDRESS **475 FLANDERS J**  
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **WEBB, SHEILA**  
STREET ADDRESS **453 FLANDERS J**  
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE **D** ☐ Change ☐ Addition  
NAME **Juliette Marder**  
STREET ADDRESS **450 Flanders J**  
CITY-ST-ZIP **Delray Beach, FL 33484**

TITLE **D** ☒ Delete  
NAME **GERSON, BRUCE**  
STREET ADDRESS **448 FLANDERS J**  
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE **D** ☐ Change ☐ Addition  
NAME **Al Morse**  
STREET ADDRESS **480 Flanders J**  
CITY-ST-ZIP **Delray Beach, FL 33484**

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/04**

Date

Daytime Phone #