

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-13-2007 90181 033 ****61.25

DOCUMENT # 740533

1. Entity Name
FLANDERS M 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**

40060244



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01292007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1799251

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**BERNSTEIN, ARNIE
FLANDES M ASSOCIATION, INC
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487**

Name **Flanders M**
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

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **TRAN, BERNARD**
STREET ADDRESS **622 FLANDERS M**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE ☐ Change ☒ Addition
NAME **CAAT, WILLY**
STREET ADDRESS **599 FLANDERS M**
CITY-ST-ZIP **DELRAY BEACH**

TITLE ☐ Delete
NAME **KRUEGER, HERMAN**
STREET ADDRESS **582 FLANDERS M**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE **T** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **VLADMIR, ANN**
CITY-ST-ZIP **619 FLANDERS M**
DELRAY BEACH, FL

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **IVEY, HENRY**
CITY-ST-ZIP **579 FLANDERS M**
DELRAY BEACH, FL 33484

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **SABULSKY, ANITA**
CITY-ST-ZIP **578 FLANDERS M**
DELRAY BEACH, FL 33484

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **CANTER, MORRIS**
CITY-ST-ZIP **604 FLANDERS M**
DELRAY BEACH, FL 33484

TITLE **D** ☐ Change ☒ Addition
NAME **LIEBERBERG, MELVIN**
STREET ADDRESS **584 FLANDERS M**
CITY-ST-ZIP **DELRAY BEACH FL**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

22 MAR 07