


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90020 029 \*\*\*\*61.25

<b>DOCUMENT # 742037</b> 1. Entity Name <b>FLANDERS T ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O PRIME MANAGEMENT GROUP, INC.          6300 PRK OF COMMERCE BLVD          BOCA RATON, FL 33487 US</b>				Mailing Address <b>C/O PRIME MANAGEMENT GROUP, INC.          6300 PRK OF COMMERCE BLVD          BOCA RATON, FL 33487 US</b>	
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 <b>59-1826124</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FLANDERS T          6300 PK OF COMMERCE BLVD          BOCA RATON, FL 33487</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25          Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be          Added to Fees</b>	
<b>Make check payable to          Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS FROM 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JANOVSKY, LEONARD</b>		NAME		
STREET ADDRESS	<b>918 FLANDERS T</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DELRAY BEACH, FL</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GARFEN, ALEX</b>		NAME		
STREET ADDRESS	<b>956 FLANDERS T</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DELRAY BEACH, FL</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BRAVER, ALMA</b>		NAME		
STREET ADDRESS	<b>952 FLANDERS T</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DELRAY BEACH, FL</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FOX, FRANCES</b>		NAME		
STREET ADDRESS	<b>939 FLANDERS T</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33484</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BERNARDO, HELEN</b>		NAME		
STREET ADDRESS	<b>934 FLANDERS T</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DELRAY BEACH, FL</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LEVINE, KAREN</b>		NAME		
STREET ADDRESS	<b>341 FLANDERS T</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DELRAY BEACH, FL</b>		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Alex Garfen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>2/13/08</i> Daytime Phone #		