

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # 742037					
1. Entity Name FLANDERS T ASSOCIATION, INC.					
Principal Place of Business C/O PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON, FL 33487 US			Mailing Address C/O PRIME MANAGEMENT GROUP, INC. 6300 PRK 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 59-1826124	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FLANDERS T 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 FROM 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JANOVSKY, LEONARD		NAME		
STREET ADDRESS	918 FLANDERS T		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARFEN, ALEX		NAME		
STREET ADDRESS	956 FLANDERS T		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRAVER, ALMA		NAME		
STREET ADDRESS	952 FLANDERS T		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOX, FRANCES		NAME		
STREET ADDRESS	939 FLANDERS T		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERNARDO, HELEN		NAME		
STREET ADDRESS	934 FLANDERS T		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVINE, KAREN		NAME		
STREET ADDRESS	341 FLANDERS T		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL		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.					
SIGNATURE: <u>Alex Garfen</u>			Date: <u>2/13/08</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		