

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742037

FILED
Apr 29, 2009
Secretary of State

Entity Name: FLANDERS T ASSOCIATION, INC.

Current Principal Place of Business:

C/O PRIME MANAGEMENT GROUP, INC.
6300 PRK OF COMMERCE BLVD
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

C/O PRIME MANAGEMENT GROUP, INC.
6300 PRK OF COMMERCE BLVD
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 59-1826124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLANDERS T
6300 PK OF COMMERCE BLVD
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

HILLEY & WYANT - CORTEZ, P.A
860 U.S HIGHWAY 1
SUITE 108
N. PALM BEACH, FL 33408 US

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.

SIGNATURE: PATRICIA HARTLEY

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARFEN, ALEX
Address: 956 FLANDERS T
City-St-Zip: DELRAY BEACH, FL

Title: VP () Delete
Name: BRAVER, ALMA
Address: 952 FLANDERS T
City-St-Zip: DELRAY BEACH, FL

Title: S () Delete
Name: FOX, FRANCES
Address: 939 FLANDERS T
City-St-Zip: DELRAY BEACH, FL 33484

Title: TD () Delete
Name: BERNARDO, HELEN
Address: 934 FLANDERS T
City-St-Zip: DELRAY BEACH, FL

Title: D () Delete
Name: LEVINE, KAREN
Address: 341 FLANDERS T
City-St-Zip: DELRAY BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GARFEN, ALEX
Address: 956 FLANDERS T
City-St-Zip: DELRAY BEACH, FL 33484

Title: VP (X) Change () Addition
Name: BRAVER, ALMA
Address: 952 FLANDERS T
City-St-Zip: DELRAY BEACH, FL 33484

Title: S (X) Change () Addition
Name: KERN, IRENE
Address: 924 FLANDERS T
City-St-Zip: DELRAY BEACH, FL 33484

Title: TREA (X) Change () Addition
Name: MOSS, NETTIE
Address: 925 FLANDERS T
City-St-Zip: DELRAY BEACH, FL

Title: D (X) Change () Addition
Name: LEVINE, KAREN
Address: 941 FLANDERS T
City-St-Zip: DELRAY BEACH, FL 33484

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEX GARFEN

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date