

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 # 742039

1. Entity Name
FLANDERS R 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

66418610



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1835673

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

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 VP Delete
 NAME KLEINMAN, IRVING
 STREET ADDRESS 843 FLANDERS R
 CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME SCHWARZ, CHARLES
 STREET ADDRESS 823 FLANDERS R
 CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S Delete
 NAME LEW, HAROLD
 STREET ADDRESS 837 FLANDERS R
 CITY-ST-ZIP DELRAY BEACH, FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD Delete
 NAME ALTER, BOB
 STREET ADDRESS KING DR FLANDERS R 818
 CITY-ST-ZIP DELRAY BEACH, FL

TITLE Change Addition
 NAME **Alter, Bob**
 STREET ADDRESS **818 Flanders R**
 CITY-ST-ZIP **Delray Beach, FL 33484**

TITLE TD Delete
 NAME BREINDEL, MILTON
 STREET ADDRESS 845 FLANDERS R
 CITY-ST-ZIP DELRAY BEACH, FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME HOLSTEIN, EDITH
 STREET ADDRESS 857 FLANDERS R
 CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Robert S Alter **ROBERT S ALTER**

4/26/04 **561-499-2626**
 Date Daytime Phone #