


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/13/2007-90181-036-S61.25-S61.25

DOCUMENT # 742039
 1. Entity Name
FLANDERS R ASSOCIATION, INC.



FILED
 07 JUN -4 AM 9:45

STATE OF FLORIDA
 ALBUQUERQUE, FLORIDA

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 #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01292007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1835673

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BERNSTEIN, ARNIE
 FLANDERS R ASSOCIATION, INC
 6300 PARK OF COMMERCE BLVD
 BOCA RATON, FL 33487**

Name and Address of New Registered Agent
 Name **FLANDERS R**
 Street Address (P.O. Box Number is Not Acceptable)
6300 Park of Commerce Blvd.
 City **Boca Raton** FL Zip Code **33487**

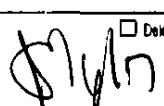
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: _____
Signature required for registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	VP SELVIN, JOSEPH 585 FLANNERS DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 858 FLANDERS R
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARZ, CHARLES 823 FLANDERS R DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D WEISS, GERALD 849 FLANDERS R DELRAY BEACH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEW, HAROLD 837 FLANDERS R DELRAY BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALTER, BOB 818 FLANDERS R DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BREINDEL, MILTON 845 FLANDERS R DELRAY BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLSTEIN, EDITH 857 FLANDERS R DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **3/29/07** 499-2626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #