

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90181 028 ****61.25

4006041



01292007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1886746

Applied For
Not Applicable

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

FLANDERS A ASSOC., INC.
6300 PK OF COMMERCE BLVD
BOCA RATON, FL 33487

Name Flanders A
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

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	STOPLER, NAT	
STREET ADDRESS	20 FLANDERS A	
CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHAPIN, ANNE	
STREET ADDRESS	37 FLANDERS A	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STOPLER, CEIL	
STREET ADDRESS	20 FLANDERS A	
CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ORNSTEIN, IDA	
STREET ADDRESS	26 FLANDERS A	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROSENBLUM, ROSALIND	
STREET ADDRESS	5 FLANDERS A	
CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOILES, LENNY	
STREET ADDRESS	22 FLANDERS A	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/07