

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738698

Entity Name: FLANDERS L ASSOCIATION, INC.**Current Principal Place of Business:**

C/O WILSON LANDSCAPING & MANAGEMENT CORP.
1300 NW 17TH AVE. SUITE 270
DELRAY BEACH, FL 33445

Current Mailing Address:

C/O WILSON LANDSCAPING & MANAGEMENT CORP.
1300 NW 17TH AVE. SUITE 270
DELRAY BEACH, FL 33445 US

FEI Number: 59-1790886**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

WILSON, DANNY L
C/O WILSON LANDSCAPING & MANAGEMENT CORP.
1300 NW 17TH AVE. SUITE 270
DELRAY BEACH, FL 33445 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name TAKSEL, LEON
Address C/O WILSON LANDSCAPING &
 MANAGEMENT CORP.
 1300 NW 17TH AVE. SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title PRESIDENT
Name SPINA, ANGELA
Address C/O WILSON LANDSCAPING &
 MANAGEMENT CORP.
 1300 NW 17TH AVE. SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name FISHBACH, HAL
Address C/O WILSON LANDSCAPING &
 MANAGEMENT CORP.
 1300 NW 17TH AVE. SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title VICE-PRESIDENT
Name CLARK, ARLINE
Address C/O WILSON LANDSCAPING
 MANAGEMENT CORP.
 1300 NW 17TH AVE. SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title SECRETARY
Name FARBER, SHELLI
Address C/O WILSON LANDSCAPING &
 MANAGEMENT CORP.
 1300 NW 17TH AVE. SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name SLEDOKER, GREGORY
Address C/O WILSON LANDSCAPING &
 MANAGEMENT CORP.
 1300 NW 17TH AVE. SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

I hereby 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 all other like empowered.

SIGNATURE: ANGELA SPINA**PRESIDENT****02/26/2024**

Electronic Signature of Signing Officer/Director Detail

Date