

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738698

Entity Name: FLANDERS L ASSOCIATION, INC.**Current Principal Place of Business:**4723 W. ATLANTIC AVENUE
SUITE A-19
DELRAY BEACH, FL 33445**Current Mailing Address:**4723 W. ATLANTIC AVENUE
SUITE A-19
DELRAY BEACH, FL 33445 US**FEI Number:** 59-1790886**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILSON, DANNY L
4723 W. ATLANTIC AVENUE
SUITE A-19
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	PRESIDENT
Name	EISNER, RUBY
Address	4723 W ATLANTIC AVE A-19
City-State-Zip:	DELRAY BEACH FL 33445

Title	DIRECTOR
Name	ZUCKER, FLORENCE
Address	4723 W ATLANTIC AVE A-19
City-State-Zip:	DELRAY BEACH FL 33445

Title	D
Name	LEWIS, ROSE
Address	4723 W ATLANTIC AVE A-19
City-State-Zip:	DELRAY BEACH FL 33445

Title	SECRETARY/TREASURER
Name	VITKIN, SOFIA
Address	4723 W ATLANTIC AVE A-19
City-State-Zip:	DELRAY BEACH FL 33445

Title	DIRECTOR
Name	POPPLE, MANDY
Address	4723 W ATLANTIC AVE A-19
City-State-Zip:	DELRAY BEACH FL 33445

Title	DIRECTOR
Name	TANNER, RESA
Address	4723 W ATLANTIC AVE A-19
City-State-Zip:	DELRAY BEACH FL 33445

Title	DIRECTOR
Name	FORKOWITZ, ESTHER
Address	4723 W ATLANTIC AVE A-19
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: RUBY EISNER

PRESIDENT

01/14/2015

Electronic Signature of Signing Officer/Director Detail_____
Date