

**2017 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            PRESIDENT, TREASURER  
Name            EISNER, RUBY  
Address        C/O WILSON LANDSCAPING &  
                  MANAGEMENT CORP.  
                  1300 NW 17TH AVE. SUITE 270  
City-State-Zip: DELRAY BEACH FL 33445

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

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

Title            SECRETARY  
Name            WEINBERG, KAREN  
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:** RUBY EISNER

**PRESIDENT**

**01/05/2017**

Electronic Signature of Signing Officer/Director Detail

Date