above, or on an attachment with all other like empowered. PRESIDENT

Electronic Signature of Signing Officer/Director Detail

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738699

Entity Name: FLANDERS O ASSOCIATION, INC.

Current Principal Place of Business:

FIRST SERVICE RESIDENTIAL 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487

Current Mailing Address:

FIRST SERVICE RESIDENTIAL 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US

FEI Number: 59-1783641

Name and Address of Current Registered Agent:

SIEGFRIED, RIVERA, HYMAN, LERNER, DE LA TORRE, MARS & SOBEL PA 201 ALHAMBRA CIRCLE ELEVENTH FLOOR CORAL GABLES, FL 33134 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	LAURA MANNING		04/21/2020
	Electronic Signature of Registered Agent		Date
Officer/Director Detail :			
Title	SECRETARY	Title	PRESIDENT
Name	SCHNEIDER, ELEANOR	Name	CAPPELLONI, EILEEN
Address	FIRST SERVICE RESIDENTIAL 6300 PARK OF COMMERCE BLVD	Address	FIRST SERVICE RESIDENTIAL 6300 PARK OF COMMERCE BLVD
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487
Title	TREASURER	Title	VP
Name	HOFFMAN, LESLIE	Name	ZAUGG, MARY
Address	FIRST SERVICE RESIDENTIAL 6300 PARK OF COMMERCE BLVD	Address	FIRST SERVICE RESIDENTIAL 6300 PARK OF COMMERCE BLVD
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487
Title	DIRECTOR	Title	DIRECTOR
Name	GOLDNER, ALBERT	Name	EAGLE, ALICE
Address	FIRST SERVICE RESIDENTIAL 6300 PARK OF COMMERCE BLVD	Address	FIRST SERVICE RESIDENTIAL 6300 PARK OF COMMERCE BLVD
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487
Title	DIRECTOR		
Name	BLUMENTHAL, DAVID		
Address	FIRST SERVICE RESIDENTIAL 6300 PARK OF COMMERCE BLVD		
City-State-Zip:	BOCA RATON FL 33487		

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

SIGNATURE: EILEEN CAPPELLONI

04/21/2020

Date

FILED Apr 21, 2020 Secretary of State 0013892209CC

Certificate of Status Desired: No