

2017 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**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKRLD, INC.
1655 PALM BEACH LAKES BLVD.
C-500
W. PALM BEACH, FL 33401 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 M MANNING-HUDSON

02/03/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name GOLDNER, ALBERT
Address 709 FLANDERS O
City-State-Zip: DELRAY BEACH FL 33484

Title S
Name SCHNEIDER, ELEANOR
Address 683 FLANDERS O
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR
Name EAGLE, ALICE
Address 708 FLANDERS O
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR
Name LECERF, SUSAN
Address 715 FLANDERS O
City-State-Zip: DELRAY BEACH FL 33484

Title PRESIDENT
Name CAPPELLONI, EILEEN
Address 693 FLANDERS O
City-State-Zip: DELRAY BEACH FL 33484

Title TREASURER
Name BLUMENTHAL, DAVID
Address 673 FLANDERS O
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR
Name EALGE, ALICE
Address 708 FLANDERS O
City-State-Zip: DELRAY BEACH FL 33484

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: EILEEN CAPPELLONI

PRESIDENT

02/03/2017

Electronic Signature of Signing Officer/Director Detail

Date