

2015 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

03/31/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	KLEIN, HARRIET
Address	712 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	MANIFF, SHEPPARD
Address	715 FLANDERS O
City-State-Zip:	DELRAY BEACH FL 33484

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

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

Title	DIRECTOR
Name	CAPPELLONI, EILEEN
Address	693 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: ALBERT GOLDNER

PRES.

03/31/2015

Electronic Signature of Signing Officer/Director Detail

Date