2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740531

Entity Name: FLANDERS G ASSOCIATION, INC.

FILED
Jan 22, 2024
Secretary of State
5719109795CC

Current Principal Place of Business:

C/O WILSON MANAGEMENT 1300 NW 17TH AVE STE 270 DELRAY BEACH, FL 33445

Current Mailing Address:

C/O WILSON MANAGEMENT 1300 NW 17TH AVE STE 270 DELRAY BEACH, FL 33445 US

FEI Number: 59-1819234 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GANNON, EMILY KAYE BENDER REMBAUM PL 1200 PARK CENTRAL BLVD SOUTH POMPANO BEACH, FL 33064 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: EMILY GANNON 01/22/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

 Title
 PRESIDENT
 Title
 TREASURER

 Name
 LEFKOWITZ, BONNIE
 Name
 PASINI, TULIO

Address C/O WILSON MANAGEMENT Address C/O WILSON MANAGEMENT

1300 NW 17TH AVE STE 270 1300 NW 17TH AVE STE 270

City-State-Zip: DELRAY BEACH FL 33445 City-State-Zip: DELRAY BEACH FL 33445

Title SECRETARY Title VIE-PRESIDENT

Name JACOBS, BARBARA Name SPILFOGEL, STUART

Address C/O WILSON MANAGEMENT Address C/O WILSON MANAGEMENT

1300 NW 17TH AVE STE 270 1300 NW 17TH AVE STE 270

City-State-Zip: DELRAY BEACH FL 33445 City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR Title DIRECTOR

Name DAVIS, JANET Name MANISCALO, LORENE

Address C/O WILSON MANAGEMENT Address C/O WILSON MANAGEMENT

1300 NW 17TH AVE STE 270 1300 NW 17TH AVE STE 270

City-State-Zip: DELRAY BEACH FL 33445 City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR

Name GEEENBERG, ALAN

Address C/O WILSON MANAGEMENT

1300 NW 17TH AVE STE 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: BONNIE LEFKOWITZ PRESIDENT 01/22/2024