

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740531

Entity Name: FLANDERS G ASSOCIATION, INC.**Current Principal Place of Business:**FIRST SERVICE RESIDENTIAL
6300 PRK OF COMMERCE BLVD
BOCA RATON, FL 33487**Current Mailing Address:**FIRST SERVICE RESIDENTIAL
6300 PRK OF COMMERCE BLVD
BOCA RATON, FL 33487 US**FEI Number:** 59-1819234**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FOX, WACKEEN, DUNGEY, BEARD, BUSH, GOLDMAN WATERS, ROBISON, VAN VONNO
& MCCLUSKEY, LLP
3473 SE WILLOUGHBY BOULEVARD
P.O DRAWER 6
STUART, FL 34995-0006 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:** GEORGE BUSH

03/30/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name LEFKOWITZ, BONNIE
Address FIRST SERVICE RESIDENTIAL
6300 PRK OF COMMERCE BLVD
City-State-Zip: BOCA RATON FL 33487

Title SECRETARY
Name JACOBS, BARBARA
Address FIRST SERVICE RESIDENTIAL
6300 PRK OF COMMERCE BLVD
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR
Name DAVIS, JANET
Address FIRST SERVICE RESIDENTIAL
6300 PRK OF COMMERCE BLVD
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR
Name EICHANS, TERRY
Address FIRST SERVICE RESIDENTIAL
6300 PRK OF COMMERCE BLVD
City-State-Zip: BOCA RATON FL 33487

Title TREASURER
Name PASINI, TULLIO
Address FIRST SERVICE RESIDENTIAL
6300 PRK OF COMMERCE BLVD
City-State-Zip: BOCA RATON FL 33487

Title VP
Name SPILFOGEL, STUART
Address FIRST SERVICE RESIDENTIAL
6300 PRK OF COMMERCE BLVD
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR
Name BLOOM, GERALD
Address FIRST SERVICE RESIDENTIAL
6300 PRK 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 above, or on an attachment with all other like empowered.

SIGNATURE: BONNIE LEFKOWITZ

PRESIDENT

03/30/2020

Electronic Signature of Signing Officer/Director Detail

Date