

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742038

**Entity Name:** FLANDERS S ASSOCIATION, INC.**Current Principal Place of Business:**THE CONTINENTAL GROUP  
6300 PARK OF COMMERCE BLVD.  
BOCA RATON, FL 33487**Current Mailing Address:**THE CONTINENTAL GROUP  
6300 PARK OF COMMERCE BLVD.  
BOCA RATON, FL 33487 US**FEI Number:** 59-1828981**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKRLD, INC.  
201 ALHAMBRA CIRCLE 11TH 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 M MANNING-HUDSON

04/08/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP
Name	CATULLO, ROBERT
Address	879 FLANDERS S
City-State-Zip:	DELRAY BEACH FL 33484

Title	P
Name	LEVITON, FRANK
Address	867 FLANDERS S
City-State-Zip:	DELRAY BEACH FL 33484

Title	SECRETARY
Name	SLAVIN, HYMAN
Address	907 FLANDERS S
City-State-Zip:	DELRAY BEACH FL 33484

Title	D
Name	FERTIG, RENEE
Address	898 FLANDERS S
City-State-Zip:	DELRAY BEACH FL 33484

Title	D
Name	HELLER, MURRAY
Address	865 FLANDERS S
City-State-Zip:	DELRAY BEACH FL 33484

Title	TREASURER
Name	TURSCHMANN, CYNTHIA
Address	866 FLANDERS S
City-State-Zip:	DELRAY BEACH FL 33484

Title	DIRECTOR
Name	MAHONEY, GERALD
Address	883 FLANDERS S
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:** FRANK LEVITON

PRES.

04/08/2014

Electronic Signature of Signing Officer/Director Detail

Date