

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742039

Entity Name: FLANDERS R 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:** 59-1835673**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

03/10/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name SELVIN, JOSEPH
Address 858 FLANDERS R
City-State-Zip: DELRAY BEACH FL 33484

Title VP
Name PAWELL, GAIL
Address 838 FLANDERS R
City-State-Zip: DELRAY BEACH FL 33484

Title PRESIDENT
Name KLEIMAN, SHARON
Address 843 FLANDERS R
City-State-Zip: DELRAY BEACH FL 33484

Title D
Name HOLSTEIN, EDITH
Address 857 FLANDERS R
City-State-Zip: DELRAY BEACH FL 33484

Title SECRETARY
Name TOFSTED, MARILYN
Address 821 FLANDERS R
City-State-Zip: DELRAY BEACH FL 33484

Title TREASURER
Name JOSEPH, RENEE
Address 850 FLANDERS R
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR
Name LEW, HAROLD
Address 851 FLANDERS R
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: SHARON KLEIMAN

PRESIDENT

03/10/2016

Electronic Signature of Signing Officer/Director Detail

Date