

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742039

Entity Name: FLANDERS R ASSOCIATION, INC.**Current Principal Place of Business:**THE CONTINENTAL GROUP
6300 PRK OF COMMERCE BLVD
BOCA RATON, FL 33487**Current Mailing Address:**THE CONTINENTAL GROUP
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.
201 ALHAMBRA CIRCLE, 11TH FLOOR
CORAL GABLES, FL 33484 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 P
Name SELVIN, JOSEPH
Address 858 FLANDERS R
City-State-Zip: DELRAY BEACH FL 33484

Title ASST. SECRETARY
Name LEW, HAROLD
Address 851 FLANDERS R
City-State-Zip: DELRAY BEACH FL 33484

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

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

Title TREA
Name BREINDEL, MILTON
Address 845 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 DIRECTOR
Name TOFSTED, MARILYN
Address 821 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: JOSEPH SELVIN

PRES.

04/08/2014

Electronic Signature of Signing Officer/Director Detail

Date