

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 743712

**Entity Name:** FLANDERS A ASSOCIATION, INC.

**FILED**  
**May 04, 2022**  
**Secretary of State**  
**5371508003CC**

**Current Principal Place of Business:**

SEACREST SERVICES INC  
2101 CENTREPARK WEST DRIVE 110  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

SEACREST SERVICES INC  
2101 CENTREPARK WEST DRIVE 110  
WEST PALM BEACH, FL 33409 US

**FEI Number: 59-1886746**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KAYE BENDER REMBAUM  
1200 PARK CENTRAL BLVD S  
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: MICHAEL BENDER**

**05/04/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name STOPLER, CEIL  
Address SEACREST SERVICES INC  
2101 CENTREPARK W DR #110  
City-State-Zip: WEST PALM BEACH FL 33409

Title DIRECTOR  
Name ROSENBAUM, ROSALIND  
Address SEACREST SERVICES INC  
2101 110  
City-State-Zip: WEST PALM BEACH FL 33409

Title PRESIDENT  
Name COHEN, LARRY  
Address SEACREST SERVICES INC  
2101 CENTREPARK WEST DRIVE 110  
City-State-Zip: WEST PALM BEACH FL 33409

Title SECRETARY  
Name SOSKIL, JOAN  
Address SEACREST SERVICES INC  
2101 CENTREPARK WEST DRIVE 110  
City-State-Zip: WEST PALM BEACH FL 33409

Title TREASURER  
Name SAKS, GENE  
Address SEACREST SERVICES INC  
2101 CENTREPARK WEST DRIVE 110  
City-State-Zip: WEST PALM BEACH FL 33409

Title DIRECTOR  
Name COHEN, LAURA  
Address SEACREST SERVICES INC  
2101 CENTREPARK WEST DRIVE 110  
City-State-Zip: WEST PALM BEACH FL 33409

Title DIRECTOR  
Name KANES, AUDREY  
Address SEACREST SERVICES INC  
2101 CENTREPARK WEST DRIVE 110  
City-State-Zip: WEST PALM BEACH FL 33409

*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: LARRY COHEN**

**PRESIDENT**

**05/04/2022**

Electronic Signature of Signing Officer/Director Detail

Date