

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743712

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

**Current Principal Place of Business:**

FIRST SERVICE RESIDENTIAL  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487

**Current Mailing Address:**

FIRST SERVICE RESIDENTIAL  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487 US

**FEI Number:** 59-1886746

**Certificate of Status Desired:** No

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

SIEGFRIED, RIVERA, HYMAN, LERNER, DE LA TORRE, MARS & SOBEL, PA  
201 ALHAMBRA CIRCLE  
ELEVENTH 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 MANNING

04/15/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name STOPLER, CEIL  
Address FIRST SERVICE RESIDENTIAL  
6300 PARK OF COMMERCE BLVD  
City-State-Zip: BOCA RATON FL 33487

Title TREA  
Name ROSENBLUM, ROSALIN  
Address FIRST SERVICE RESIDENTIAL  
6300 PARK OF COMMERCE BLVD  
City-State-Zip: BOCA RATON FL 33487

Title PRESIDENT  
Name COHEN, LARRY  
Address FIRST SERVICE RESIDENTIAL  
6300 PARK OF COMMERCE BLVD  
City-State-Zip: BOCA RATON FL 33487

Title SECRETARY  
Name SOSKIL, JOAN  
Address FIRST SERVICE RESIDENTIAL  
6300 PARK OF COMMERCE BLVD  
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR  
Name COHEN, LAURA  
Address 6300 PARK 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:** LARRY COHEN

PRESIDENT

04/15/2021

Electronic Signature of Signing Officer/Director Detail

Date