## 2018 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:

SKRLD, INC.

4655 PALM BEACH LAKES BLVD.

C-500

Address

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 02/14/2018

> Date Electronic Signature of Registered Agent

> > Address

Title

**PRESIDENT** 

Officer/Director Detail:

Title Title DIRECTOR

Name STOPLER, NAT Name KANES, AUDREY 20 FLANDERS A 22 FLANDERS A

City-State-Zip: DELRAY BEACH FL 33484 City-State-Zip: DELRAY BEACH FL 33484

Title **TREA** 

Name COHEN, LARRY ROSENBLUM, ROSALIND Name Address

19 FLANDERS A Address 5 FLANDERS A

City-State-Zip: DELRAY BEACH FL 33484 City-State-Zip: DELRAY BEACH FL 33484

Title **DIRECTOR** Title **SECRETARY** 

SCHWARTZ, REGINA Name Name SOSKIL, JOAN

Address 30 FLANDERS A Address 18 FLANDERS A

City-State-Zip: DELRAY BEACH FL 33484 City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR Name COHEN, LAURA 4 FLANDERS A Address

City-State-Zip: DELRAY BEACH 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.

02/14/2018 SIGNATURE: LARRY COHEN **PRESIDENT** 

**FILED** Feb 14, 2018

**Secretary of State** 

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