

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

DOCUMENT# 743712

Entity Name: FLANDERS A ASSOCIATION, INC.

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:

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

03/07/2022

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	PRESIDENT
Name	COHEN, LARRY
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	KANES, AUDREY
Address	SEACREST SERVICES INC 2101 CENTREPARK WEST DRIVE 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	SECRETARY
Name	SOSKIL, JOAN
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

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

03/07/2022

