

**2017 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  
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

02/01/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name STOPLER, NAT  
Address 20 FLANDERS A  
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR  
Name KANES, AUDREY  
Address 22 FLANDERS A  
City-State-Zip: DELRAY BEACH FL 33484

Title TREA  
Name ROSENBLUM, ROSALIND  
Address 5 FLANDERS A  
City-State-Zip: DELRAY BEACH FL 33484

Title VP  
Name COHEN, LARRY  
Address 19 FLANDERS A  
City-State-Zip: DELRAY BEACH FL 33484

Title SECRETARY  
Name SOSKIL, JOAN  
Address 18 FLANDERS A  
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR  
Name SCHWARTZ, REGINA  
Address 30 FLANDERS A  
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR  
Name SCHIMNDELHEIM, JOSEPH  
Address 26 FLANDERS A  
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.*

**SIGNATURE:** NAT STOPLER

PRESIDENT

02/01/2017

Electronic Signature of Signing Officer/Director Detail

Date