

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743712

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

**FILED**  
**Feb 01, 2017**  
**Secretary of State**  
**CC8355376080**

**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