

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738697

FILED
Jan 12, 2009
Secretary of State

Entity Name: FLANDERS K ASSOCIATION, INC.

Current Principal Place of Business:

15300 JOG ROAD
SUITE 109
DELRAY BEACH, FL 33446 US

Current Mailing Address:

15300 JOG RD
SUITE 109
DELRAY BEACH, FL 33446 US

New Principal Place of Business:

C/O WILSON LANDSCAPING AND MANAGEMENT CORP
15300 JOG RD SUITE 109
DELRAY BEACH, FL 33446 US

New Mailing Address:

C/O WILSON LANDSCAPING AND MANAGEMENT CORP
15300 JOG RD SUITE 109
DELRAY BEACH, FL 33446 US

FEI Number: 59-1771266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, DANNY
15300 JOG RD
SUITE 109
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POST, ANNE
Address: 495 FLANDER K
City-St-Zip: DELRAY BEACH, FL 33484

Title: S () Delete
Name: HYMAN, DOTTY
Address: 509 FLANDERS K
City-St-Zip: DELRAY BEACH, FL

Title: D () Delete
Name: FREEMAN, RITA
Address: 483 FLANDERS K
City-St-Zip: DELRAY BEACH, FL

Title: VD () Delete
Name: CHODOSH, MIMI
Address: 525 FLANDERS K
City-St-Zip: DELRAY BEACH, FL

Title: T () Delete
Name: POST, ANN
Address: 492 FLANDERS K
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CHODOSH, MIMI
Address: 525 FLANDERS K
City-St-Zip: DELRAY BEACH, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANNE POST

P

01/12/2009

Electronic Signature of Signing Officer or Director

Date