2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743712

Entity Name: FLANDERS A ASSOCIATION, INC.

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Current Principal Place of Business:

C/O PHOENIX PROPERTY MANAGEMENT, 6131B LAKE WORTH RD.

6131B LAKE WORTH RD. GREENACRES, FL 33463

Current Mailing Address:

PHOENIX MANAGEMENT SERVICES, INC 6131B LAKE WORTH RD. GREENACRES, FL 33463 US

FEI Number: 59-1886746 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KAYE BENDER REMBAUM 1200 PARK CENTRAL BLVD S POMPANO BEACH, FL 33064 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: MICHAEL BENDER 04/05/2024

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT Title TREASURER

Name STOPLER, CEIL Name COHEN, LARRY

Address C/O PHOENIX MANAGEMENT Address C/O PHOENIX MANAGEMENT

SERVICE3S SERVICES

6131B LAKE WORTH RD. 6131B LAKE WORTH RD.

City-State-Zip: GREENACRES FL 33463 City-State-Zip: GREENACRES FL 33463

Title SECRETARY Title VP

Name SOSKIL, JOAN Name SAKS, GENE

Address C/O PHOENIX MANAGEMENT Address C/O PHOENIX MANAGEMENT

SERVICES SERVICES 6131B LAKE WORTH RD. 6131B LAK

6131B LAKE WORTH RD. 6131B LAKE WORTH RD. GREENACRES FL 33463 City-State-Zip: GREENACRES FL 33463

Title DIRECTOR Title DIRECTOR

Name BALSAMO, THADINE Name BERNSTEIN, DON

Address C/O PHOENIX MANAGEMENT Address C/O PHOENIX MANAGEMENT

SERVICES SERVICES

6131B LAKE WORTH RD. 6131B LAKE WORTH RD.

City-State-Zip: GREENACRES FL 33463 City-State-Zip: GREENACRES FL 33463

Title DIRECTOR
Name PAZ, BATYA

City-State-Zip:

Address C/O PHOENIX MANAGEMENT

SERVICES

6131B LAKE WORTH RD.

City-State-Zip: GREENACRES FL 33463

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: CEIL STOPLER PRESIDENT 04/05/2024

FILED Apr 05, 2024

Secretary of State

1365840290CC

Date