

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738696

FILED
Jan 24, 2025
Secretary of State
3976749820CC

Entity Name: FLANDERS D ASSOCIATION, INC.

Current Principal Place of Business:

C/O WILSON LANDSCAPING & MANAGEMENT CORP.
1300 NW 17TH AVE. SUITE 270
DELRAY BEACH, FL 33445

Current Mailing Address:

C/O WILSON LANDSCAPING & MANAGEMENT CORP.
1300 NW 17TH AVE. SUITE 270
DELRAY BEACH, FL 33445 US

FEI Number: 59-1774407

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, DANNY L
C/O WILSON LANDSCAPING & MANAGEMENT CORP.
1300 NW 17TH AVE. SUITE 270
DELRAY BEACH, FL 33445 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: DANNY L WILSON

01/24/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT/TREASURER
Name SCHWARTZ, MITCHELL
Address C/O WILSON LANDSCAPING &
 MANAGEMENT CORP.
 1300 NW 17TH AVE. SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title VICE-PRESIDENT
Name LEVITT, RICK
Address C/O WILSON LANDSCAPING &
 MANAGEMENT CORP.
 1300 NW 17TH AVE. SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title SECRETARY
Name GARCIA, RITA
Address C/O WILSON LANDSCAPING &
 MANAGEMENT CORP.
 1300 NW 17TH AVE. SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title ASSISTANT SECRETARY
Name INGERSOLL, LAURIE
Address C/O WILSON LANDSCAPING &
 MANAGEMENT CORP.
 1300 NW 17TH AVE. SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title ASSISTANT TREASURER, DIRECTOR
Name CUSUMANO, JOSEPH
Address C/O WILSON LANDSCAPING &
 MANAGEMENT CORP.
 1300 NW 17TH AVE. SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title ASSISTANT SECRETARY
Name CUSUMANO, KIM
Address C/O WILSON LANDSCAPING &
 MANAGEMENT CORP.
 1300 NW 17TH AVE. SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title ASSISTANT TREASURER, DIRECTOR
Name BRONIKOWSKI, MICHAEL
Address C/O WILSON LANDSCAPING &
 MANAGEMENT CORP.
 1300 NW 17TH AVE. SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

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: MITCHELL SCHWARTZ

PRESIDENT

01/24/2025

