

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740533

FILED
Jan 24, 2025
Secretary of State
9335733324CC

Entity Name: FLANDERS M ASSOCIATION, INC.

Current Principal Place of Business:

C/O WILSON MGT
1300 NW 17TH AVE SUITE 270
DELRAY BEACH, FL 33445

Current Mailing Address:

C/O WILSON MGT
1300 NW 17TH AVE SUITE 270
DELRAY BEACH, FL 33445 US

FEI Number: 59-1799251

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BENDER, MICHAEL
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

01/24/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name LEVIN, KAREN
Address C/O WILSON MGT
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title TREASURER
Name WOODS, MICHAEL
Address C/O WILSON MGT
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title SECRETARY
Name MARENO, DANIEL
Address C/O WILSON MGT
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name TICHI, EDWARD
Address C/O WILSON MGT
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name MANDRAS, STEVE
Address C/O WILSON MGT
 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: KAREN LEVIN

PRESIDENT

01/24/2025

Electronic Signature of Signing Officer/Director Detail

Date