

2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 742037

Entity Name: FLANDERS T ASSOCIATION, INC.

FILED
Apr 23, 2024
Secretary of State
3471602462CC

Current Principal Place of Business:

C/O PHOENIX MANAGEMENT SERVICES
6131B LAKE WORTH RD
GREENACRES, FL 33463

Current Mailing Address:

C/O PHOENIX MANAGMENT SERVICES
6131B LAKE WORTH RD
GREENACRES, FL 33463 US

FEI Number: 59-1826124

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRANK, WEINBERG & BLACK
C/O FRANK WEINBERG & BLACK
1875 NW CORPORATE BLVD 100
BOCA RATON, FL 33431 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 KASSOWER

04/23/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER, SECRETARY
Name LEVINE, KAREN
Address C/O PHOENIX MANAGMENT
 SERVICES
 6131B LAKE WORTH RD
City-State-Zip: GREENACRES FL 33463

Title PRESIDENT
Name WARTLEY, PAULA
Address C/O PHOENIX MANAGMENT
 SERVICES
 6131B LAKE WORTH RD
City-State-Zip: GREENACRES FL 33463

Title DIRECTOR
Name FLAUM, WALTER
Address C/O PHOENIX MANAGEMENT
 SERVICES
 6131B LAKE WORTH RD
City-State-Zip: GREENACRES FL 33463

Title DIRECTOR
Name GOMEZ, DIANE
Address C/O PHOENIX MANAGEMENT
 SERVICES
 6131B LAKE WORTH RD
City-State-Zip: GREENACRES FL 33463

Title DIRECTOR
Name SCHEIER, GARY
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: PAULA WARTLEY

PRESIDENT

04/23/2024

Electronic Signature of Signing Officer/Director Detail

Date