


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90018 032 ****61.25

DOCUMENT # 742380 1. Entity Name CAPRI J ASSOCIATION, INC.			
Principal Place of Business 15300 JOG ROAD SUITE #109 DELRAY BEACH, FL 33446		Mailing Address P.O. BOX 244464 BOYNTON BEACH, FL 33424-4464	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>15300 Jog Rd.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 109</i>	
City & State		City & State <i>DeLray Beach, FL</i>	
Zip <i>33446</i>	Country <i>USA</i>	4. FEI Number 59-1858770	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent WILSON, DANNY WILSON MANAGEMENT 15300 JOG ROAD, SUITE #109 DELRAY BEACH, FL 33446		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, MIKE 447 CAPRI J DELRAY BEACH, FL 33484	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOLOMON, MARTIN 472 CAPRI J DELRAY BEACH, FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Spyth Phyllis</i> <i>333 Capri J</i> <i>DeLray Bch. FL 33484</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T NELDNER, FRED 478 CAPRI J DELRAY BEACH, FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Vaccaro, Carl</i> <i>478 Capri J</i> <i>DeLray Bch. FL 33484</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAUBMAN, ONA 454 CAPRI J DELRAY BEACH, FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLISON, PHILIP 479 CAPRI J DELRAY BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAUBMAN, ONA 454 CAPRI J DELRAY BEACH, FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>Jan 24 2008</i> Daytime Phone # <i>(561) 637-3402</i>	

40034043



01072008 Chg-NP CR2E037 (12/06)