

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746641

FILED
Mar 10, 2010
Secretary of State

Entity Name: CAPRI A ASSOCIATION, INC.

Current Principal Place of Business:

C/O WILSON LANSCAPING AND MANAGEMENT CORP.
15300 JOG RD. SUITE 109
DELRAY BEACH, FL 33446

New Principal Place of Business:

Current Mailing Address:

C/O WILSON LANSCAPING AND MANAGEMENT CORP.
15300 JOG RD. SUITE 109
DELRAY BEACH, FL 33446

New Mailing Address:

FEI Number: 59-1953442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, DANNY
WILSON MANAGEMENT
15300 JOG RD SUITE 109
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: CASPI, MINNIE
Address: 34 CAPRI A
City-St-Zip: DELRAY BEACH, FL 33484

Title: VP
Name: LEVINE, JACLYN
Address: 42 CAPRI A
City-St-Zip: DELRAY BEACH, FL 33484

Title: S
Name: BROSOKAS, DENISE
Address: 36 CAPRI A
City-St-Zip: DELRAY BEACH, FL 33484

Title: T
Name: BLECKER, NORMAN
Address: 31 CAPRI A
City-St-Zip: DELRAY BEACH, FL 33484

Title: D
Name: LOZANO, NICK
Address: 32 CAPRI A
City-St-Zip: DELRAY BEACH, FL 33484

Title: D
Name: FORREST, HELEN
Address: 17 CAPRI A
City-St-Zip: DELRAY BEACH, FL 33484

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: MINNIE CASPI

P

03/10/2010

Electronic Signature of Signing Officer or Director

Date