

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90014 044 ****61.25

DOCUMENT # 746641	
1. Entity Name CAPRI A ASSOCIATION, INC.	

Principal Place of Business 1315 NW 8TH STREET BOYNTON BEACH FL 33426	Mailing Address 1315 NW 8TH STREET BOYNTON BEACH FL 33426
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JUUL1000



1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1953442	☐ Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
WILSON, DANNY 1315 NW 8TH STREET BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	☐ Delete
NAME	CASPI, MINNIE
STREET ADDRESS	34 CAPRI A
CITY-ST-ZIP	DELRAY BEACH FL 33484
TITLE	☐ Delete
NAME	TUCKER, NATHAN
STREET ADDRESS	14 CAPRI A
CITY-ST-ZIP	DELRAY BEACH FL 33484
TITLE	☐ Delete
NAME	COZANO, MARIO
STREET ADDRESS	32 CAPRI A
CITY-ST-ZIP	DELRAY BEACH FL 33484
TITLE	☐ Delete
NAME	FORREST, JOSEPH
STREET ADDRESS	17 CAPRI A
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	☐ Delete
NAME	LOZANO, NICK
STREET ADDRESS	32 CAPRI A
CITY-ST-ZIP	DELRAY BEACH FL 33484
TITLE	☐ Delete
NAME	FOREST, HELEN
STREET ADDRESS	17 CAPRI A
CITY-ST-ZIP	DELRAY BEACH FL 33484

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	SD MARION LOZANO
STREET ADDRESS	32 CAPRI A
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	FORREST HELEN
STREET ADDRESS	17 CAPRI A
CITY-ST-ZIP	DELRAY BEACH, FL 33484

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Minnie Caspi MINNIE CASPI 1/31/05 561-637-3126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #