


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90017 010 ****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	
2. Principal Place of Business - No P.O. Box # 15300 Jog Road		3. Mailing Address P.O. Box 244464	
Suite, Apt. #, etc. Suite #109		Suite, Apt. #, etc. 	
City & State Delray Beach, FL		City & State Boynton Beach, FL	
Zip 33446		Zip 33424-4464	
Country USA		Country USA	
4. FEI Number 59-1953442		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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 Danny Wilson / Wilson Management Street Address (P.O. Box Number is Not Acceptable) 15300 Jog Road, Suite #109 City Delray Beach FL Zip Code 33446	
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 <u><i>Danny Wilson</i></u> DATE <u>3/13/2007</u> <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, 2007		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASPI, MINNIE 34 CAPRI A DELRAY BEACH, FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, JACKIE 42 CAPRI A Delray Beach, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TUCKER, NATHAN 14 CAPRI A DELRAY BEACH, FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOAZNO, MARION 32 CAPRI A DELRAY BEACH, FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLECKER, NORMAN 31 CAPRI A DELRAY BEACH, FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOZANO, NICK 32 CAPRI A DELRAY BEACH, FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORREST, HELEN 17 CAPRI A 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: <u><i>Minnie Caspi</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/16/07 (501) 637-3126</u> <small>Date Daytime Phone #</small>	