2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2012
Secretary of State

DOCUMENT# 746641

Entity Name: CAPRI A ASSOCIATION, INC.

Current Principal Place of Business:

4723 W ATLANTIC AVE STE A-19
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

4723 W ATLANTIC AVE STE A-19
DELRAY BEACH, FL 33445

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 L
4723 W ATLANTIC AVE STE A-19
DELRAY BEACH, FL 33445 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: WHITE, HARVEY
Address: 37 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: BASEMAN, HARVEY
Address: 24 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 02/08/2012

Electronic Signature of Signing Officer or Director Date