

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742378

**Entity Name:** CAPRI H ASSOCIATION, INC.**Current Principal Place of Business:**SEACREST SERVICES INC  
2101 CENTREPARK WEST DRIVE SUITE 110  
WEST PALM BEACH, FL 33484**Current Mailing Address:**SEACREST SERVICES INC  
2101 CENTREPARK WEST DRIVE SUITE 110  
WEST PALM BEACH, FL 33484 US**FEI Number:** 59-1848830**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KAYE BENDER REMBAUM  
1200 PARK CENTRAL BLVD S  
POMPANO BEACH, FL 33064 US*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:** MICHAEL BENDER

03/07/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	MACIAS, RICARDO
Address	SEACREST SERVICES INC 2101 CENTREPARK WEST DRIVE 110

City-State-Zip: WEST PALM BEACH FL 33409

Title	TREASURER
Name	LEVINE, JOAN
Address	SEACREST SERVICES INC 2101 CENTREPARK WEST DRIVE 110

City-State-Zip: WEST PALM BEACH FL 33409

Title	DIRECTOR
Name	HEMSATH, DEBBIE
Address	SEACREST SERVICES INC 2101 CENTREPARK WEST DRIVE 110

City-State-Zip: WEST PALM BEACH FL 33409

Title	DIRECTOR
Name	FENIMORE, VALERIE
Address	SEACREST SERVICES INC 2101 CENTREPARK WEST DRIVE 110

City-State-Zip: WEST PALM BEACH FL 33409

Title	VP
Name	BROWNE-CROSBY, VERONICA
Address	SEACREST SERVICES INC 2101 CENTREPARK WEST DRIVE 110

City-State-Zip: WEST PALM BEACH FL 33409

Title	SECRETARY
Name	MOSS, LINDA
Address	SEACREST SERVICES INC 2101 CENTREPARK WEST DRIVE 110

City-State-Zip: WEST PALM BEACH FL 33409

Title	DIRECTOR
Name	ROSENSHEIN, GAIL
Address	SEACREST SERVICES INC 2101 CENTREPARK WEST DRIVE 110

City-State-Zip: WEST PALM BEACH FL 33409

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:** RICARDO MACIAS

PRESIDENT

03/07/2022

Electronic Signature of Signing Officer/Director Detail

Date