

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742378

Entity Name: CAPRI H ASSOCIATION, INC.**Current Principal Place of Business:**FIRST SERVICE RESIDENTIAL
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487**Current Mailing Address:**FIRST SERVICE RESIDENTIAL
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US**FEI Number:** 59-1848830**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKRLD, INC.
1655 PALM BEACH LAKES BLVD.
C-500
W. PALM BEACH, FL 33401 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:** LAURA M MANNING-HUDSON

03/09/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name SCHAFFER, HELEN
Address 359 CAPRI H
City-State-Zip: DELRAY BEACH FL 33484

Title D
Name LEVINE, JOAN
Address 353 CAPRI H
City-State-Zip: DELRAY BEACH FL 33484

Title VP
Name HEMSATH, ARTHUR
Address 354 CAPRI H
City-State-Zip: DELRAY BEACH FL 33484

Title S
Name HEMSATH, DEBBIE
Address 354 CAPRI H
City-State-Zip: DELRAY BEACH FL 33484

Title T
Name MOSS, LINDA
Address 376 CAPRI H
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR
Name BELL, FLORENCE
Address 356 CAPRI H
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR
Name BROWNE-COSBY, VERONICA
Address 340 CAPRI H
City-State-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: HELEN SCHAFFER

PRESIDENT

03/09/2016

Electronic Signature of Signing Officer/Director Detail

Date