

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742379

**Entity Name:** CAPRI I ASSOCIATION, INC.**Current Principal Place of Business:**FIRST SERVICE RESIDENTIAL  
6300 PRK OF COMMERCE BLVD  
BOCA RATON, FL 33487**Current Mailing Address:**FIRST SERVICE RESIDENTIAL  
6300 PRK OF COMMERCE BLVD  
BOCA RATON, FL 33487 US**FEI Number:** 59-1838844**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

02/08/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D
Name	MALINAS, RONNIE
Address	406 CAPRI I
City-State-Zip:	DELRAY BEACH FL 33484

Title	D
Name	HYMAN, FRANK
Address	418 CAPRI I
City-State-Zip:	DELRAY BEACH FL 33484

Title	P
Name	WEINER, RHODA
Address	413 CAPRI I
City-State-Zip:	DELRAY BEACH FL 33484

Title	VP
Name	GOLDSTEIN, FRANCINE
Address	396 CAPRI I
City-State-Zip:	DELRAY BEACH FL 33484

Title	T
Name	SCHWARTZ, PHYLLIS
Address	390 CAPRI I
City-State-Zip:	DELRAY BEACH FL 33484

Title	SEC
Name	TOZZO, CAROLINE
Address	430 CAPRI I
City-State-Zip:	DELRAY BEACH FL 33484

Title	DIRECTOR
Name	GOLDSTEIN, ELLIOT
Address	396 CAPRI I
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:** RHODA WEINER

PRESIDENT

02/08/2017

Electronic Signature of Signing Officer/Director Detail

Date