

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742381

Entity Name: CAPRI K ASSOCIATION, INC.**Current Principal Place of Business:**FIRST SERVICE RESIDENTIAL
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487-8290**Current Mailing Address:**FIRST SERVICE RESIDENTIAL
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487-8290 US**FEI Number:** 59-1856178**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIEGFRIED, RIVERA, HYMAN, LERNER, DE LA TORRE, MARS & SOBEL, PA
201 ALHAMBRA CIRCLE
ELEVENTH FLOOR
CORAL GABLES, FL 33134 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 MANNING

03/25/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	MORROW, FRANCINE
Address	FIRST SERVICE RESIDENTIAL 6300 PARK OF COMMERCE BLVD.
City-State-Zip:	BOCA RATON FL 33487-8290

Title	VP
Name	LIVSKY, DONALD
Address	FIRST SERVICE RESIDENTIAL 6300 PARK OF COMMERCE BLVD.
City-State-Zip:	BOCA RATON FL 33487-8290

Title	SECRETARY
Name	GOULD, LINDA
Address	FIRST SERVICE RESIDENTIAL 6300 PARK OF COMMERCE BLVD.
City-State-Zip:	BOCA RATON FL 33487-8290

Title	TREASURER
Name	CLARK, EDITH
Address	FIRST SERVICE RESIDENTIAL 6300 PARK OF COMMERCE BLVD.
City-State-Zip:	BOCA RATON FL 33487-8290

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: FRANCINE MORROW

PRESIDENT

03/25/2021

Electronic Signature of Signing Officer/Director Detail

Date