

**2019 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

03/04/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name MORROW, FRAN  
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 BELLO, JEANETTE  
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:** FRAN MORROW

PRESIDENT

03/04/2019

Electronic Signature of Signing Officer/Director Detail

Date