

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745989

Entity Name: CAPRI C ASSOCIATION, INC.**Current Principal Place of Business:**PHOENIX MANAGEMENT SERVICES INC
6131-B LAKE WORTH ROAD
LAKE WORTH, FL 33463**Current Mailing Address:**PHOENIX MANAGEMENT SERVICES INC
6131B LAKE WORTH RD.
LAKE WORTH, FL 33463 US**FEI Number:** 59-1951433**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

04/05/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name FLOMEN, JEROME
Address PHOENIX MANAGEMENT SERVICES
 INC
 6131-B LAKE WORTH ROAD
City-State-Zip: LAKE WORTH FL 33463

Title VP
Name ALDER, EVERETT
Address PHOENIX MANAGEMENT SERVICES
 INC
 6131-B LAKE WORTH ROAD
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name FREY, STEVEN
Address PHOENIX MANAGEMENT SERVICES
 INC
 6131-B LAKE WORTH ROAD
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name SIMS, THERESA
Address PHOENIX MANAGEMENT SERVICES
 INC
 6131-B LAKE WORTH ROAD
City-State-Zip: LAKE WORTH FL 33463

Title SECRETARY
Name KNEE, STUART
Address PHOENIX MANAGEMENT SERVICES
 INC
 6131-B LAKE WORTH ROAD
City-State-Zip: LAKE WORTH FL 33463

Title PRESIDENT
Name SUDIKOFF, SANDRA
Address PHOENIX MANAGEMENT SERVICES
 INC
 6131-B LAKE WORTH ROAD
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name KERN, PATRICIA
Address PHOENIX MANAGEMENT SERVICES
 INC
 6131-B LAKE WORTH ROAD
City-State-Zip: LAKE WORTH FL 33463

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: SUDIKOFF , SANDRA**PRESIDENT**

04/05/2024

Electronic Signature of Signing Officer/Director Detail

Date