

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745989

Entity Name: CAPRI C 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:** 59-1951433**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 MANING-HUDSON

03/09/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	FLOMEN, JEROME
Address	109 CAPRI C
City-State-Zip:	DELRAY BEACH FL 33484

Title	SECRETARY
Name	GOFBERG, ALAN
Address	108 CAPRI C
City-State-Zip:	DELRAY BEACH FL 33484

Title	VP
Name	ALDER, EVERT
Address	116 CAPRI C
City-State-Zip:	DELRAY BEACH FL 33484

Title	DIRECTOR
Name	FREY, STEVEN
Address	104 CAPRI C
City-State-Zip:	DELRAY BEACH FL 33484

Title	TREASURER
Name	FLOMEN, ELLEN
Address	109 CAPRI C
City-State-Zip:	DELRAY BEACH FL 33484

Title	DIRECTOR
Name	BRICKMAN, BEVERLY
Address	136 CAPRI C
City-State-Zip:	DELRAY BEACH FL 33484

Title	DIRECTOR
Name	GOLD, LEONARD
Address	118 CAPRI C
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: JEROME FLOMEN

PRESIDENT

03/09/2016

Electronic Signature of Signing Officer/Director Detail

Date