2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 745989

Entity Name: CAPRI C ASSOCIATION, INC.

Aug 03, 2021 Secretary of State 5859670148CC

FILED

Current Principal Place of Business:

SEACREST SERVICES INC 2101 CENTREPARK W DR #110 WEST PALM BEACH, FL 33409

Current Mailing Address:

SEACREST SERVICES INC 2101 CENTREPARK W DR #110 WEST PALM BEACH, FL 33409 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 08/03/2021

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **TREASURER** Title **SECRETARY** KNEE. STUART FLOMEN. JEROME Name Name

Address SEACREST SERVICES INC SEACREST SERVICES INC Address

2101 CENTREPARK WEST DRIVE 110 2101 CENTREPARK WEST DRIVE 110

WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 City-State-Zip: City-State-Zip:

Title **PRESIDENT** Title VΡ

SUDIKOFF, SANDRA ALDER, EVERETT Name Name

SEACREST SERVICES INC SEACREST SERVICES, INC. Address Address

> 2101 CENTREPARK WEST DRIVE 110 2101 CENTREPARK WEST DRIVE 110

WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR**

SHERMAN, DIANE GOLD, LEONARD Name Name

SEACREST SERVICES INC SEACREST SERVICES INC Address Address

2101 CENTREPARK WEST DRIVE 110 2101 CENTREPARK WEST DRIVE 110

City-State-Zip: WEST PALM BEACH FL 33409 City-State-Zip: WEST PALM BEACH FL 33409

Title **DIRECTOR** Name FREY, STEVEN

Address SEACREST SERVICES INC.

2101 CENTREPARK WEST DRIVE 110

City-State-Zip: WEST PALM BEACH FL 33409

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.

08/03/2021 SIGNATURE: EVERETT ALDER **PRESIDENT**