

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745990

Entity Name: CAPRI E ASSOCIATION, INC.**Current Principal Place of Business:**FIRST SERVICE RESIDENTIAL
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487**Current Mailing Address:**FIRST SERVICE RESIDENTIAL
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US**FEI Number:** 59-1940066**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 MANNING- HUDSON

03/27/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	ROSS, BILL
Address	229 CAPRI E
City-State-Zip:	DELRAY BEACH FL 33484

Title	VP
Name	GOLDMAN, NEIL
Address	212 CAPRI E
City-State-Zip:	DELRAY BEACH FL 33484

Title	TREASURER
Name	COLTEN, ROBERTA
Address	237 CAPRI E
City-State-Zip:	DELRAY BEACH FL 33484

Title	SEC
Name	HARRIS, PRISCILLA
Address	217 CAPRI E
City-State-Zip:	DELRAY BEACH FL 33484

Title	DIRECTOR
Name	FEINSTEIN, AL
Address	209 CAPRI E
City-State-Zip:	DELRAY BEACH FL 33484

Title	DIRECTOR
Name	HYMOWITZ, MARTIN
Address	193 CAPRI E
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: BILL ROSS

PRES

03/27/2015

Electronic Signature of Signing Officer/Director Detail

Date