

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745990

Entity Name: CAPRI E ASSOCIATION, INC.**Current Principal Place of Business:**THE CONTINENTAL GROUP
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487**Current Mailing Address:**THE CONTINENTAL GROUP
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487**FEI Number:** 59-1940066**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKRLD, INC.
201 ALHAMBRA CIRCLE 11TH 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 M MANNING- HUDSON

04/08/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR
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 VP
Name GLASSMAN, SHIRLEY
Address 235 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 SHAFFER, EVIE
Address 205 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

04/08/2014

Electronic Signature of Signing Officer/Director Detail

Date