

**2013 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

04/01/2013

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

Title	P
Name	SIMON, MARVIN
Address	223 CAPRI E
City-State-Zip:	DELRAY BEACH FL 33484

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

Title	DIRECTOR
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:** MARVIN SIMON

PRESIDENT

04/01/2013

Electronic Signature of Signing Officer/Director Detail

Date