above, or on an attachment with all other like empowered.

SIGNATURE: BILL ROSS

Electronic Signature of Signing Officer/Director Detail

2017 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

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	E LAURA M MANNING- HUDSON			02/01/2017
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	P	Title	VP	
Name	ROSS, BILL	Name	GOLDMAN, NEIL	
Address	229 CAPRI E	Address	212 CAPRI E	
City-State-Zip:	DELRAY BEACH FL 33484	City-State-Zip:	DELRAY BEACH FL 33484	
Title	TREASURER	Title	DIRECTOR	
Name	COLTEN, ROBERTA	Name	PERSKY, ROBERT	
Address	237 CAPRI E	Address	208 CAPRI E	
City-State-Zip:	DELRAY BEACH FL 33484	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

PRESIDENT

FILED				
Feb 01, 2017				
Secretary of State				
CC9834940645				

Certificate of Status Desired: No

02/01/2017 Date