

**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