

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746641

Entity Name: CAPRI A ASSOCIATION, INC.**Current Principal Place of Business:**C/O JMD PROPERTIES, INC.
904 SE 5TH AVENUE
DELRAY BEACH, FL 33483**Current Mailing Address:**C/O JMD PROPERTIES, INC.
904 SE 5TH AVENUE
DELRAY BEACH, FL 33483 US**FEI Number:** 59-1953442**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JMD PROPERTIES, INC.
C/O JMD PROPERTIES, INC.
904 SE 5TH AVENUE
DELRAY BEACH, FL 33483 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:** CAROLYN FARNHAM

01/23/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name FIELDS, ROBERT
Address 28 CAPRI A
City-State-Zip: DELRAY BEACH FL 33484

Title PRESIDENT
Name NICASTRO, CARMINE
Address 27 CAPRI A
City-State-Zip: DELRAY BEACH FL 33484

Title VICE-PRESIDENT
Name ALIVENTI, JOHN
Address 41 CAPRI A
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR
Name RAKOWSKY, ARLENE
Address 29 CAPRI A
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR
Name O'REGAN, GREG
Address 2 CAPRI A
City-State-Zip: DELRAY BEACH FL 33484

Title SECRETARY
Name MARLOWE, GREG
Address 11 CAPRI A
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR
Name ROMERO, ROSA
Address 23 CAPRI A
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: CARMINE NICASTRO

PRESIDENT

01/23/2020

Electronic Signature of Signing Officer/Director Detail

Date