

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746641

Entity Name: CAPRI A ASSOCIATION, INC.**Current Principal Place of Business:**

C/O WILSON LANDSCAPING AND MANAGEMENT CORP
1300 NW 17TH AVE SUITE 270
DELRAY BEACH, FL 33445-2562

Current Mailing Address:

C/O WILSON LANDSCAPING AND MANAGEMENT CORP
1300 NW 17TH AVE SUITE 270
DELRAY BEACH, FL 33445-2562 US

FEI Number: 59-1953442**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

KONYK & LEMME PLLC
KONYK & LEMME PLLC
140 INTRACOASTAL POINTE DRIVE #310
JUPITER, FL 33477 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: CHELLE KONYK

04/03/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name FIELDS , ROBERT
Address C/O WILSON LANDSCAPING AND
 MANAGEMENT CORP
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445-2562

Title DIRECTOR
Name GOFBERG, ALAN
Address C/O WILSON LANDSCAPING AND
 MANAGEMENT CORP
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445-2562

Title DIRECTOR
Name ALIVENTI, JOHN
Address C/O WILSON LANDSCAPING AND
 MANAGEMENT CORP
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445-2562

Title DIRECTOR
Name KRAMER, JAY
Address C/O WILSON LANDSCAPING AND
 MANAGEMENT CORP
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445-2562

Title DIRECTOR
Name RAKOWSKY, ARLENE
Address C/O WILSON LANDSCAPING AND
 MANAGEMENT CORP
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445-2562

Title PRESIDENT
Name NICASTRO, CARMINE
Address C/O WILSON LANDSCAPING AND
 MANAGEMENT CORP
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445-2562

Title SECRETARY
Name ARVEDON, ANN
Address C/O WILSON LANDSCAPING AND
 MANAGEMENT CORP
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445-2562

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: ANN ARVEDON

SECRETARY

04/03/2024

