

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746641

**Entity Name:** CAPRI A ASSOCIATION, INC.**Current Principal Place of Business:**4723 W ATLANTIC AVE STE A-19  
DELRAY BEACH, FL 33445**Current Mailing Address:**4723 W ATLANTIC AVE STE A19  
DELRAY BEACH, FL 33445**FEI Number:** 59-1953442**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILSON, DANNY L  
4723 W ATLANTIC AVE STE A19  
DELRAY BEACH, FL 33445 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	CASPI, MINNIE
Address	34 CAPRI A
City-State-Zip:	DELRAY BEACH FL 33484

Title	S
Name	WHITE, HARVEY
Address	37 CAPRI A
City-State-Zip:	DELRAY BEACH FL 33484

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

Title	DIRECTO
Name	OLIVIERI, NANCY
Address	12 CAPRI A
City-State-Zip:	DELRAY BEACH FL 33484

Title	VP
Name	LEVINE, JACLYN
Address	42 CAPRI A
City-State-Zip:	DELRAY BEACH FL 33484

Title	D
Name	LOZANO, MARION
Address	32 CAPRI A
City-State-Zip:	DELRAY BEACH FL 33484

Title	DIRECTOR
Name	DUBIN, SANDRA
Address	13 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:** MINNIE CASPI**PRESIDENT****02/24/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date