## 2023 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 04/11/2023

> Date Electronic Signature of Registered Agent

**FILED** Apr 11, 2023

**Secretary of State** 

9262426836CC

Officer/Director Detail:

Title TREASURER Title DIRECTOR

Name FIELDS, ROBERT Name RAKOWSKY, ARLENE

C/O WILSON LANDSCAPING AND Address C/O WILSON LANDSCAPING AND Address MANAGEMENT CORP MANAGEMENT CORP

1300 NW 17TH AVE SUITE 270 1300 NW 17TH AVE SUITE 270

DELRAY BEACH FL 33445-2562 DELRAY BEACH FL 33445-2562 City-State-Zip: City-State-Zip:

**DIRECTOR** Title Title **PRESIDENT** 

GOFBERG, ALAN NICASTRO, CARMINE Name Name

C/O WILSON LANDSCAPING AND C/O WILSON LANDSCAPING AND Address Address

MANAGEMENT CORP MANAGEMENT CORP

1300 NW 17TH AVE SUITE 270 1300 NW 17TH AVE SUITE 270 DELRAY BEACH FL 33445-2562 City-State-Zip: DELRAY BEACH FL 33445-2562 City-State-Zip:

Title VICE-PRESIDENT Title **SECRETARY** 

Name ALIVENTI, JOHN Name ARVEDON, ANN

C/O WILSON LANDSCAPING AND C/O WILSON LANDSCAPING AND Address Address

MANAGEMENT CORP MANAGEMENT CORP

1300 NW 17TH AVE SUITE 270 1300 NW 17TH AVE SUITE 270

DELRAY BEACH FL 33445-2562 City-State-Zip: 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

DELRAY BEACH FL 33445-2562 City-State-Zip:

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.

04/11/2023 SIGNATURE: CARMINE NICASTRO PRESIDENT