2016 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

Current Mailing Address:

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

FEI Number: 59-1953442

Name and Address of Current Registered Agent:

WILSON, DANNY L C/O WILSON LANDSCAPING AND MANAGEMENT CORP 1300 NW 17TH AVE SUITE 270 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

Officer/Director Detail :

Title	TREASURER	Title	PRESIDENT	
Name	FIELDS, ROBERT	Name	NICASTRO, CARMINE	
Address	C/O WILSON LANDSCAPING AND MANAGEMENT CORP 1300 NW 17TH AVE SUITE 270	Address	C/O WILSON LANDSCAPING AND MANAGEMENT CORP 1300 NW 17TH AVE SUITE 270	
City-State-Zip:	DELRAY BEACH FL 33445	City-State-Zip:	DELRAY BEACH FL 33445	
Title	VICE-PRESIDENT	Title	DIRECTOR	
Name	ALIVENTI, JOHN	Name	BROSOKAS, DENISE	
Address	C/O WILSON LANDSCAPING AND MANAGEMENT CORP 1300 NW 17TH AVE SUITE 270	Address	C/O WILSON LANDSCAPING AND MANAGEMENT CORP 1300 NW 17TH AVE SUITE 270	
City-State-Zip:	DELRAY BEACH FL 33445	City-State-Zip:	DELRAY BEACH FL 33445	
Title	DIRECTOR	Title	SECRETARY	
Name	O'REGAN, GREG	Name	MARLOWE, DOUGLAS	
Address	C/O WILSON LANDSCAPING AND MANAGEMENT CORP 1300 NW 17TH AVE SUITE 270	Address	C/O WILSON LANDSCAPING AND MANAGEMENT CORP 1300 NW 17TH AVE SUITE 270	
City-State-Zip:	DELRAY BEACH FL 33445	City-State-Zip:	DELRAY BEACH FL 33445	

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

Officer/Director Detail

PRESIDENT

FILED Mar 21, 2016 Secretary of State CC8851090457

Certificate of Status Desired: No

Date