

**2015 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	TREASURER
Name	FIELDS, ROBERT
Address	4723 W ATLANTIC AVE STE A-19
City-State-Zip:	DELRAY BEACH FL 33445

Title	PRESIDENT
Name	NICASTRO, CARMINE
Address	4723 W ATLANTIC AVE STE A-19
City-State-Zip:	DELRAY BEACH FL 33445

Title	VICE-PRESIDENT
Name	ALIVENTI, JOHN
Address	4723 W ATLANTIC AVE STE A-19
City-State-Zip:	DELRAY BEACH FL 33445

Title	SECRETARY
Name	BROSOKAS, DENISE
Address	4723 W ATLANTIC AVE STE A-19
City-State-Zip:	DELRAY BEACH FL 33445

Title	DIRECTOR
Name	RAMIRO, ROSA
Address	4723 W ATLANTIC AVE STE A-19
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****PRESIDENT****01/20/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date