

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746642

**Entity Name:** CAPRI B ASSOCIATION, INC.

**Current Principal Place of Business:**

FIRST SERVICE RESIDENTIAL  
6300 PK OF COMMERCE BLVD  
BOCA RATON, FL 33487

**Current Mailing Address:**

FIRST SERVICE RESIDENTIAL  
6300 PK OF COMMERCE BLVD  
BOCA RATON, FL 33487 US

**FEI Number:** 59-1965624

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SKRLD, INC.  
1655 PALM BEACH LAKES BLVD.  
C-500  
W. PALM BEACH, FL 33401 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:** LAURA M MANNING-HUDSON

03/27/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name HECKER, SHIRLEE  
Address 65 CAPRI B  
City-State-Zip: DELRAY BEACH FL 33484

Title SECRETARY  
Name GOLDSTEIN, SANDRA  
Address 69 CAPRI B  
City-State-Zip: DELRAY BEACH FL 33484

Title TREA  
Name ECKER, ELENA  
Address 76 CAPRI B  
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR  
Name MACHERONE, IRENE  
Address 95 CAPRI B  
City-State-Zip: DELRAY BEACH FL 33484

Title PRESIDENT  
Name FAIR, PATRICK  
Address 94 CAPRI B  
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:** PATRICK FAIR

PRES

03/27/2015

Electronic Signature of Signing Officer/Director Detail

Date