

2017 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

01/18/2017

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, ELAINA
Address 76 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

Title DIRECTOR
Name KLEIN, JUDITH
Address 88 CAPRI B
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR
Name WEISS, ELAINE
Address 84 CAPRI B
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR
Name WEISS, NORBERT
Address 84 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

PRESIDENT

01/18/2017

Electronic Signature of Signing Officer/Director Detail

Date