

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746643

Entity Name: CAPRI F ASSOCIATION, INC.**Current Principal Place of Business:**FIRST SERVICE RESIDENTIAL
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487**Current Mailing Address:**FIRST SERVICE RESIDENTIAL
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US**FEI Number:** 59-1972477**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

05/04/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	PORTNOY, HELENE
Address	FIRST SERVICE RESIDENTIAL 6300 PARK OF COMMERCE BLVD
City-State-Zip:	BOCA RATON FL 33487

Title	TREASURER
Name	MILLER, KENNETH
Address	FIRST SERVICE RESIDENTIAL 6300 PARK OF COMMERCE BLVD
City-State-Zip:	BOCA RATON FL 33487

Title	SECRETARY
Name	SCHLOSSBERG, JUDITH
Address	FIRST SERVICE RESIDENTIAL 6300 PARK OF COMMERCE BLVD
City-State-Zip:	BOCA RATON FL 33487

Title	DIRECTOR
Name	SINTCHAK, GEORGE
Address	FIRST SERVICE RESIDENTIAL 6300 PARK OF COMMERCE BLVD
City-State-Zip:	BOCA RATON FL 33487

Title	DIRECTOR
Name	DANIELS, JEAN
Address	FIRST SERVICE RESIDENTIAL 6300 PARK OF COMMERCE BLVD
City-State-Zip:	BOCA RATON FL 33487

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: HELENE PORTNOY

PRESIDENT

05/04/2020

Electronic Signature of Signing Officer/Director Detail

Date