

2015 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

03/27/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name ABOWITZ, ELAINE
Address 242 CAPRI F
City-State-Zip: DELRAY BEACH FL 33484

Title PRES
Name HALLEN, EVELYN
Address 245 CAPRI F
City-State-Zip: DELRAY BEACH FL 33484

Title VP
Name HONEY, GORDON
Address 280 CAPRI F
City-State-Zip: DELRAY BEACH FL 33484

Title TREASURER
Name GROBMAN, SIDNEY
Address 281 CAPRI F
City-State-Zip: DELRAY BCH. FL 33484

Title SECRETARY
Name STILMAN, PRIVA
Address 249 CAPRI F
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR
Name GABRIEL, ALLEN
Address 252 CAPRI F
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR
Name WITKIN, EDWARD
Address 272 CAPRI F
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: EVELYN HALLEN

PRES.

03/27/2015

Electronic Signature of Signing Officer/Director Detail

Date