

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754382

**Entity Name:** CAPRI COVE ADULT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

ALL MGMT., LLC  
P.O. BOX 40087  
SAINT PETERSBURG, FL 33743

**Current Mailing Address:**

ALL MGMT., LLC  
P.O. BOX 40087  
SAINT PETERSBURG, FL 33743 US

**FEI Number:** 59-2049111

**Certificate of Status Desired:** No

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

ALL MGMT., LLC  
ALL MGMT., LLC  
P.O. BOX 40087  
SAINT PETERSBURG, FL 33743 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:** DORIS A. FARLEY

04/30/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name WYMAN, A. VIRGINIA  
Address PO BOX 40087  
City-State-Zip: SAINT PETERSBURG FL 33743

Title SECRETARY, TREASURER  
Name ROBISON, STEPHEN  
Address ALL MGMT., LLC  
P.O. BOX 40087  
City-State-Zip: SAINT PETERSBURG FL 33743

Title PRESIDENT  
Name WARD, DAWN  
Address PO BOX 40087  
City-State-Zip: SAINT PETERSBURG FL 33743

*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:** DORIS FARLEY FOR DAWN WARD

CAM

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date