

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11628

Entity Name: VILLE DE CAPRI HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**

C/O CREST MANAGEMENT GROUP, INC.
6413 CONGRESS AVE. SUITE 100
BOCA RATON, FL 33487

Current Mailing Address:

C/O CREST MANAGEMENT GROUP, INC.
6413 CONGRESS AVE. SUITE 100
BOCA RATON, FL 33487 US

FEI Number: 59-2707757**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

BUDD, GARY
CREST MANAGEMENT GROUP, INC.
6413 CONGRESS AVE STE 100
BOCA RATON, FL 33487 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BARBER, JERRY
Address C/O CREST MANAGEMENT GROUP,
 INC.
 6413 CONGRESS AVE. SUITE 100
City-State-Zip: BOCA RATON FL 33487

Title TREASURER
Name GOLD, MARTIN P.
Address C/O CREST MANAGEMENT GROUP,
 INC.
 6413 CONGRESS AVE. SUITE 100
City-State-Zip: BOCA RATON FL 33487

Title VP
Name WINICK, ARNIE
Address C/O CREST MANAGEMENT GROUP,
 INC.
 6413 CONGRESS AVE. SUITE 100
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR
Name BLUE, BARRIE
Address C/O CREST MANAGEMENT GROUP,
 INC.
 6413 CONGRESS AVE. SUITE 100
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR
Name FOX, GARY E.
Address C/O CREST MANAGEMENT GROUP,
 INC.
 6413 CONGRESS AVE. SUITE 100
City-State-Zip: BOCA RATON FL 33487

Title SECRETARY
Name LEVIN, STEPHEN
Address C/O CREST MANAGEMENT GROUP,
 INC.
 6413 CONGRESS AVE. SUITE 100
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR
Name WEISS, JEFFREY
Address C/O CREST MANAGEMENT GROUP,
 INC.
 6413 CONGRESS AVE. SUITE 100
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: JERRY BARBER

PRESIDENT

03/05/2024

