

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11628

**Entity Name:** VILLE DE CAPRI HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**6413 CONGRESS AVE.  
SUITE 100  
BOCA RATON, FL 33487**Current Mailing Address:**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 VP  
Name MAY, SHELDON  
Address 6413 CONGRESS AVE.  
SUITE 100  
City-State-Zip: BOCA RATON FL 33487Title D  
Name FRIEDMAN, DONALD  
Address 17366 VIA CAPRI  
City-State-Zip: BOCA RATON FL 33496Title SECRETARY  
Name KARAS, DAVID  
Address 6413 CONGRESS AVENUE  
SUITE 100  
City-State-Zip: BOCA RATON FL 33487Title DIRECTOR  
Name FISCHER, DONALD  
Address 6413 CONGRESS AVE.  
SUITE 100  
City-State-Zip: BOCA RATON FL 33487Title D  
Name KLIGERMAN, MIRALYN  
Address 6413 CONGRESS AVE.  
SUITE 100  
City-State-Zip: BOCA RATON FL 33487Title TREASURER  
Name BLOCK, ROY  
Address 6413 CONGRESS AVENUE  
SUITE 100  
City-State-Zip: BOCA RATON FL 33487Title PRESIDENT  
Name BARBER, JERRY  
Address 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

03/02/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date