## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#811965** 

FILED Feb 08, 2011 Secretary of State

Entity Name: CAPRI CO-OPERATIVE APARTMENTS INC

**Current Principal Place of Business: New Principal Place of Business:** 

5700 OLD OCEAN BLVD OCEAN RIDGE, FL 33435 US

**Current Mailing Address: New Mailing Address:** 

GPS FINANCIAL SERVICES INC 1100 S FEDERAL HWY, STE. 3 BOYNTON BEACH, FL 33435

FEI Number: 59-1706424 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GPS FINANCIAL SERVICES, INC. 1100 S. FEDERAL HIGHWAY SUITE 3 BOYNTON BEACH, FL 33435 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

## **OFFICERS AND DIRECTORS:**

Title:

Name: BURNS, KIRK

5700 OLD OCEAN BLVD., UNIT A Address: City-St-Zip: OCEAN RIDGE, FL 33435

Title:

VIS, DAVID Name:

5700 OLD OCEAN BLVD., UNIT X Address: OCEAN RIDGE, FL 33435 City-St-Zip:

Title:

VASQUEZ, KEN Name:

5700 OLD OCEAN BLVD., UNIT S Address: City-St-Zip: OCEAN RIDGE, FL 33435

Title:

PORTER, JOHN Name:

Address: 1100 S. FEDEREL HWY SUITE 3 City-St-Zip: BOYNTON BEACH, FL 33435

Title:

Name: STEINBRECHER, VERNER Address: 5700 OLD OCEAN BLVD., UNIT T City-St-Zip: OCEAN RIDGE, FL 33435

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN PORTER D 02/08/2011