## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 742040** 

Entity Name: CAPRI L ASSOCIATION, INC.

Oursel Drivers Disease Durings

**Current Principal Place of Business:** 

4723 W. ATLANTIC AVENUE SUITE A-19

DELRAY BEACH, FL 33445

**Current Mailing Address:** 

4723 W. ATLANTIC AVENUE SUITE A-19 DELRAY BEACH, FL 33445 US

DELIKAT BEAGIT, TE 33443 00

FEI Number: 59-1837527 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, DANNY 4723 W. ATLANTIC AVENUE SUITE A-19 DELRAY BEACH, FL 33445 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

FILED Jan 06, 2015

**Secretary of State** 

CC0143414374

Officer/Director Detail:

A-19

Title P Title S

Name ROSENTHAL, SANDRA Name MLAWSKI, HANA

Address 4723 W ATLANTIC AVE Address 4723 W ATLANTIC AVE

A-19

City-State-Zip: DELRAY BEACH FL 33445 City-State-Zip: DELRAY BEACH FL 33445

Title T Title DIRECTOR

Name LENNER, LAWRENCE Name DELIN, HOWARD

Address 4723 W ATLANTIC AVE Address 4723 W ATLANTIC AVE

A-19

City-State-Zip: DELRAY BEACH FL 33445 City-State-Zip: DELRAY BEACH FL 33445

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: SANDRA ROSENTHAL

**PRESIDENT** 

01/06/2015