

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742380

**Entity Name:** CAPRI J ASSOCIATION, INC.

**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

**FEI Number:** 59-1858770

**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

**Officer/Director Detail :**

Title P  
Name TAUBMAN, ONA  
Address 454 CAPRI J  
City-State-Zip: DELRAY BEACH FL 33484

Title T  
Name SMITH, PHYLLIS  
Address 433 CAPRI J  
City-State-Zip: DELRAY BEACH FL 33484

Title D  
Name KLIER, MICHAEL  
Address 436 CAPRI J  
City-State-Zip: DELRAY BEACH FL 33484

Title D  
Name KESSLER, JOAN  
Address 442 CAPRI J  
City-State-Zip: DELRAY BEACH FL

Title SECRETARY  
Name ROGERS, SHEILA  
Address 453 CAPRI J  
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:** ONA TAUBMAN

**PRESIDENT**

**01/14/2014**

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

\_\_\_\_\_  
Date