## **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 742380** 

Entity Name: CAPRI J ASSOCIATION, INC.

**Current Principal Place of Business:** 

C/O REALMANAGE/ASG 9050 PINES BLVD SUITE 480 PEMBROKE PINES, FL 33024

**Current Mailing Address:** 

C/O REALMANAGE/ASG P O BOX 803555 DALLAS, TX 75380 US

FEI Number: 59-1858770 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KRAVIT LAW, P.A. KRAVIT LAW, P.A. 1801 N MILITARY TRAIL SUITE 120 BOCA RATON, FL 33431 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: CORY B. KRAVIT 04/28/2021

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title TREASURER

Name KOCH, ROGER Name SMITH, PHYLLIS

Address C/O REALMANAGE/ASG Address C/O REALMANAGE/ASG

9050 PINES BLVD SUITE 480 9050 PINES BLVD SUITE 480

City-State-Zip: PEMBROKE PINES FL 33024 City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR Title VP

Name GERSHAW, JULIAN Name CAIN, LEO JR.

Address C/O REALMANAGE/ASG Address C/O REALMANAGE/ASG

9050 PINES BLVD SUITE 480 9050 PINES BLVD SUITE 480

City-State-Zip: PEMBROKE PINES FL 33024 City-State-Zip: PEMBROKE PINES FL 33024

Title SECRETARY
Name MULLER, MONICA

Address C/O REALMANAGE/ASG

9050 PINES BLVD SUITE 480

City-State-Zip: PEMBROKE PINES FL 33024

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: ROGER KOCH PRESIDENT 04/28/2021

FILED Apr 28, 2021

**Secretary of State** 

4710382268CC