2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746643

Entity Name: CAPRI F ASSOCIATION, INC.

Current Principal Place of Business:

FIRST SERVICE RESIDENTIAL 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487

Current Mailing Address:

FIRST SERVICE RESIDENTIAL 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US

FEI Number: 59-1972477 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SKRLD,INC.

1655 PALM BEACH LAKES BLVD.

C-500

W. PALM BEACH, FL 33401 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: LAURA M MANNING-HUDSON 01/16/2018

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title D Title PRES

NamePORTNOY, HELENENameGABRIEL, ALAddress244 CAPRI FAddress252 CAPRI F

City-State-Zip: DELRAY BEACH FL 33484 City-State-Zip: DELRAY BEACH FL 33484

Title VP Title SECRETARY

Name GORDON, HENRIETTA Name STILMAN, PRIVA

Address 280 CAPRI F Address 249 CAPRI F

City-State-Zip: DELRAY BEACH FL 33484 City-State-Zip: DELRAY BEACH FL 33484

TitleTREASURERTitleDIRECTORNameGROBMAN, SIDNameDANIELS, JEAN

Address 281 CAPRI F Address 268 CAPRI F

City-State-Zip: DELRAY BEACH FL 33484 City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR

Name SCHLOSBERG, JUDY
Address 251 DELRAY BEACH

City-State-Zip: DELRAY BEACH FL 33484

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: AL GABRIEL PRESIDENT 01/16/2018

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 16, 2018

Secretary of State

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