2015 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 03/27/2015

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title D Title PRES

Name ABOWITZ, ELAINE Name HALLEN, EVELYN

Address 242 CAPRI F Address 245 CAPRI F

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

Title VP Title TREASURER

Name HONEY, GORDON Name GROBMAN, SIDNEY

Address 280 CAPRI F Address 281 CAPRI F

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

Title SECRETARY Title DIRECTOR

Name STILMAN, PRIVA Name GABRIEL, ALLEN

Address 249 CAPRI F Address 252 CAPRI F

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

Title DIRECTOR

Name WITKIN, EDWARD

Address 272 CAPRI F

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: EVELYN HALLEN PRES. 03/27/2015

Electronic Signature of Signing Officer/Director Detail

Date

FILED Mar 27, 2015

Secretary of State

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