

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770434

**FILED**  
**Mar 19, 2020**  
**Secretary of State**  
**0170142403CC****Entity Name:** THE CAPRI OF SINGER ISLAND CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**5250 NORTH OCEAN DRIVE  
SINGER ISLAND, FL 33404**Current Mailing Address:**5250 NORTH OCEAN DRIVE  
SINGER ISLAND, FL 33404**FEI Number:** 59-2462983**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VITULLI, JOSEPH PRESIDENT  
5250 NORTH OCEAN DRIVE  
UNIT #8N  
SINGER ISLAND, FL 33404 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:** JOSEPH VITULLI**03/19/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY/TREASURER  
Name DICOCCO, KATHY  
Address 5250 NORTH OCEAN DRIVE  
10N  
City-State-Zip: SINGER ISLAND FL 33404

Title VP  
Name YEAKEY, RICHARD  
Address 5250 NORTH OCEAN DR.  
6N  
City-State-Zip: SINGER ISLAND FL 33404

Title DIRECTOR  
Name STOEVEY, JOHN A  
Address 5250 NORTH OCEAN DRIVE  
8N  
City-State-Zip: SINGER ISLAND FL 33404

Title DIRECTOR  
Name DEL MEDICO, DANIELS DR.  
Address 5250 NORTH OCEAN DRIVE  
4-N  
City-State-Zip: SINGER ISLAND FL 33404

Title PRESIDENT  
Name VITULLI, JOSEPH  
Address 5250 NORTH OCEAN DR.  
8S  
City-State-Zip: SINGER ISLAND FL 33404

*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:** JOSEPH VITULLI**PRESIDENT****03/19/2020**

Electronic Signature of Signing Officer/Director Detail

Date