## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 770434** 

Entity Name: THE CAPRI OF SINGER ISLAND CONDOMINIUM ASSOCIATION,

INC.

**FILED** Mar 11, 2019 **Secretary of State** 8995188164CC

## **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:

STOEVER, JOHN A 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: JOHN A. STOEVER 03/11/2019

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title SECRETARY/TREASURER Title

DICOCCO, KATHY Name Name YEAKEY, RICHARD

5250 NORTH OCEAN DRIVE 5250 NORTH OCEAN DR. Address Address

City-State-Zip: SINGER ISLAND FL 33404 City-State-Zip: SINGER ISLAND FL 33404

Title **PRESIDENT** Title **DIRECTOR** 

Name STOEVER, JOHN A Name DEL MEDICO, DANIELS DR.

5250 NORTH OCEAN DRIVE Address 5250 NORTH OCEAN DRIVE Address 4-N

City-State-Zip: City-State-Zip: SINGER ISLAND FL 33404 SINGER ISLAND FL 33404

Title DIRECTOR

Name VITULLI, JOSEPH DIRECTOR

Address 5250 NORTH OCEAN DR.

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.

**PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail