

**2026 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010241

**Entity Name:** CAPRINI HOMEOWNER'S ASSOCIATION, INC.

**FILED**  
**Mar 30, 2026**  
**Secretary of State**  
**5924731162CC**

**Current Principal Place of Business:**

C/O MAY MANAGEMENT SERVICES  
5455 A1A SOUTH SUITE 3  
ST AUGUSTINE, FL 32080

**Current Mailing Address:**

C/O MAY MANAGEMENT SERVICES  
5455 A1A SOUTH SUITE 3  
ST AUGUSTINE, FL 32080 US

**FEI Number:** 20-0718235

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MAY MANAGEMENT SERVICES  
C/O MAY MANAGEMENT SERVICES  
5455 A1A SOUTH SUITE 3  
ST AUGUSTINE, FL 32080 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:** KENNETH BLOOM

03/30/2026

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, TREASURER  
Name            EUDALEY, RICHARD  
Address        C/O MAY MANAGEMENT SERVICES  
                  5455 A1A SOUTH SUITE 3  
City-State-Zip: ST AUGUSTINE FL 32080

Title            VP  
Name            MCCURDY, STAN  
Address        C/O MAY MANAGEMENT SERVICES  
                  5455 A1A SOUTH SUITE 3  
City-State-Zip: ST AUGUSTINE FL 32080

Title            SECRETARY  
Name            KANE, JACK  
Address        C/O MAY MANAGEMENT SERVICES  
                  5455 A1A SOUTH SUITE 3  
City-State-Zip: ST AUGUSTINE FL 32080

*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:** RICHARD EUDALEY

**PRESIDENT**

**03/30/2026**

Electronic Signature of Signing Officer/Director Detail

Date