

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746642

**Entity Name:** CAPRI B ASSOCIATION, INC.

**FILED**  
**Apr 05, 2024**  
**Secretary of State**  
**5651260264CC**

**Current Principal Place of Business:**

PHOENIX MANAGEMENT SERVICES INC  
6131-B LAKE WORTH ROAD  
LAKE WORTH, FL 33463

**Current Mailing Address:**

PHOENIX MANAGEMENT SERVICES INC  
6131-B LAKE WORTH ROAD  
LAKE WORTH, FL 33463 US

**FEI Number: 59-1965624**

**Certificate of Status Desired: No**

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

SKRLD, INC.  
201 ALHAMBRA CIRCLE  
11TH FLOOR  
CORAL GABLES, FL 33134 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name AYELLO, DONALD  
Address PHOENIX MANAGEMENT SERVICES INC  
6131-B LAKE WORTH ROAD  
City-State-Zip: LAKE WORTH FL 33463

Title SECRETARY  
Name TAUBMAN, SUSAN  
Address PHOENIX MANAGEMENT SERVICES INC  
6131-B LAKE WORTH ROAD  
City-State-Zip: LAKE WORTH FL 33463

Title PRESIDENT  
Name COOK, JAMES  
Address PHOENIX MANAGEMENT SERVICES INC  
6131-B LAKE WORTH ROAD  
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR  
Name KRESH, LISA  
Address PHOENIX MANAGEMENT SERVICES INC  
6131-B LAKE WORTH ROAD  
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR  
Name HELENIUS, ELENA  
Address PHOENIX MANAGEMENT SERVICES INC  
6131-B LAKE WORTH ROAD  
City-State-Zip: LAKE WORTH FL 33463

Title TREASURER  
Name ECKER , ELENA  
Address PHOENIX MANAGEMENT SERVICES INC  
6131-B LAKE WORTH ROAD  
City-State-Zip: LAKE WORTH FL 33463

*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: COOK , JAMES**

**PRESIDENT**

**04/05/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date