

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745991

FILED
Jan 23, 2025
Secretary of State
5815439738CC

Entity Name: CAPRI D ASSOCIATION, INC.

Current Principal Place of Business:

C/O WILSON LANDSCAPING & MANAGEMENT CORP.
1300 NW 17TH AVE SUITE 270
DELRAY BEACH, FL 33445

Current Mailing Address:

C/O WILSON LANDSCAPING & MANAGEMENT CORP.
1300 NW 17TH AVE. SUITE 270
DELRAY BEACH, FL 33445 US

FEI Number: 59-1939971

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON LANDSCAPING & MANAGEMENT CORP.
C/O WILSON LANDSCAPING & MANAGEMENT CORP.
1300 NW 1TH AVE SUITE 270
DELRAY BEACH, FL 33445 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: DANNY WILSON

01/23/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BURCHMAN, ANDREW
Address C/O WILSON LANDSCAPING &
 MANAGEMENT CORP.
 1300 NW 1TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title SECRETARY
Name LADDIN, ESTELLE
Address C/O WILSON LANDSCAPING &
 MANAGEMENT CORP.
 1300 NW 1TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name SPINDEL, ALLEN
Address C/O WILSON LANDSCAPING &
 MANAGEMENT CORP.
 1300 NW 1TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title VICE-PRESIDENT
Name BROTMAN, SEYMOUR
Address C/O WILSON LANDSCAPING &
 MANAGEMENT CORP.
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title TREASURER
Name BROCKMAN, ELAINE
Address C/O WILSON LANDSCAPING &
 MANAGEMENT CORP.
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name STERN, KENNETH
Address C/O WILSON LANDSCAPING &
 MANAGEMENT CORP.
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name CIMINO, ROBERT
Address C/O WILSON LANDSCAPING &
 MANAGEMENT CORP.
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

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: ANDREW BURCHMAN

PRESIDENT

01/23/2025

