

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90230 001 \*4,226.25

**DOCUMENT # 742040**

1. Entity Name  
 CAPRI L ASSOCIATION, INC.



Principal Place of Business  
 PRIME MANAGEMENT GROUP, INC.  
 6300 PK OF COMMERCE BLVD  
 BOCA RATON, FL 33487 US

Mailing Address  
 PRIME MANAGEMENT GROUP, INC.  
 6300 PRK OF COMMERCE BLVD  
 BOCA RATON, FL 33487 US

66418601



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03232004 Chg-NP CR2E037 (10/03)

4. FEI Number  
 59-1837527

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWATT, MYRON  
 6300 PK OF COMMERCE BLVD  
 BOCA RATON, FL 33487

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	BISHOP, JERRY	
STREET ADDRESS	553 CAPRI L	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	VP3	<input type="checkbox"/> Delete
NAME	IRVING, THAW	
STREET ADDRESS	561 CAPRI L	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	POSNER, MILLIE	
STREET ADDRESS	566 CAPRI L	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	T	<input type="checkbox"/> Delete
NAME	FINK, FRAN	
STREET ADDRESS	570 CARI L	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAIFER, YETTA	
STREET ADDRESS	532 CAPRI L	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPECTOR, JESSE	
STREET ADDRESS	538 CAPRI L	
CITY-ST-ZIP	DELRAY BCH, FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Irving Thaw	
STREET ADDRESS	561 Capri L	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bertha Rosenblat	
STREET ADDRESS	534 Capri L	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPEK, Alice	
STREET ADDRESS	569 Capri L	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lake, Herb	
STREET ADDRESS	537 Capri L	
CITY-ST-ZIP	Delray Beach, FL 33484	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jerry Bishop  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04  
 Date

Daytime Phone #