

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90177 002 ****61.25

DOCUMENT # 742378

1. Entity Name

CAPRI H ASSOCIATION, INC.



Principal Place of Business

**PRIME MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487
US**

Mailing Address

**PRIME MANAGEMENT GROUP, INC.
6300 PK OF COMMERCE BLVD
BOCA RATON FL 33487
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1848830**

Applied For

Not Applicable

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	SCHAFFER, HELEN	
STREET ADDRESS	KINGS PT. CAPRI H 359	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, NATHAN	
STREET ADDRESS	365 CAPRI H	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PODRIS, MARY	
STREET ADDRESS	KINGS PT. CAPRI H 339	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CHESTER, HENRY	
STREET ADDRESS	KINGS PT. CAPRI 337	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PERFETTO, NANCY	
STREET ADDRESS	381 CAPRI H	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARD, MAX	
STREET ADDRESS	344 CAPRI H	
CITY-ST-ZIP	DELRAY BEACH FL	

TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NATHAN LEVINE	
STREET ADDRESS	373 CAPRI H	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANITA HARKER	
STREET ADDRESS	341 CAPRI H	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN TAINSKY	
STREET ADDRESS	348 CAPRI H	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *HELEN R. SCHAFFER* **3/27/03** **496-3485**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)