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May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **742379** (1)

1. Corporation Name

**CAPRI I ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

PRIME I  
1051 SC  
BOCA R

VC.

**PRIME MGMT. GROUP, INC.**  
**6300 PRK. OF COMMERCE BLVD**  
**BOCA RATON, FL 33487**

2. Prin

21

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23

Zip

Country

Zip

Country

24

25

26

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAIBLE, RON**  
**1051 S. ROGERS CIR.**  
**BOCA RATON FL 33487**

81

82

83

84

**SWATT, MYRON**  
**6300 PRK OF COMMERCE BLVD**  
**BOCA RATON, FL 33487**

FL

Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

3/4/97

DATE

12.

OFFICERS AND DIRECTORS

TITLE

P

NAME

**MESHUL, FLORENCE**

STREET ADDRESS

**399 CAPRI I**

CITY-ST-ZIP

**DELRAY BEACH FL**

DELETE

TITLE

P

NAME

**WALBRUN, EVELYN**

STREET ADDRESS

**419 CAPRI I**

CITY-ST-ZIP

**DELRAY BEACH FL**

DELETE

TITLE

S

NAME

**LASKER, MILDRED**

STREET ADDRESS

**KINGS PT. CAPRI I 432**

CITY-ST-ZIP

**DELRAY BEACH FL**

DELETE

TITLE

T

NAME

**CHARKINS, BERTHA**

STREET ADDRESS

**CAPRI I 405**

CITY-ST-ZIP

**DELRAY BEACH FL**

DELETE

TITLE

D

NAME

**KROLL, BETTY**

STREET ADDRESS

**CAPRI 396**

CITY-ST-ZIP

**DELRAY BEACH FL**

DELETE

TITLE

D

NAME

**GREENBLATT, SAM**

STREET ADDRESS

**426 CAPRI I**

CITY-ST-ZIP

**DELRAY BCH FL**

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD

MESHULAM

399 CAPRI I

DELRAY BEACH, FL

PD

WALBRUN, EVELYN

419 CAPRI I

DELRAY BEACH, FL

SS

Grstein, Hannah

395 CAPRI I

DELRAY BEACH, FL

TD

CHARKINS, BERTHA

405 CAPRI I

DELRAY BEACH, FL

DD

KROLL, BETTY

396 CAPRI I

DELRAY BEACH, FL

DD

GREENBLATT, SARA

426 CAPRI I

DELRAY BEACH, FL

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone # 0039655

CR2E037 (9/96)