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Apr 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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 MANAGEMENT GROUP, INC.**  
**6300 PRK OF COMMERCE BLVD**  
**BOCA RATON FL 33487**  
**US**

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

3. Date Incorporated or Qualified

**04/13/1978**

4. FEI Number

**59-1838844**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0507 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	NAME	MESHULAM, FLORENCE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS			399 CAPRI I	
CITY-ST-ZIP			DELRAY BEACH FL	
TITLE	PD	NAME	WALBRUN, EVELYN	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS			419 CAPRI I	
CITY-ST-ZIP			DELRAY BEACH FL	
TITLE	SD	NAME	GRSTEIN, HANNAH	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS			395 CAPRI I	
CITY-ST-ZIP			DELRAY BEACH FL	
TITLE	TD	NAME	CHARKINS, BERTHA	<input type="checkbox"/> DELETE
STREET ADDRESS			405 CAPRI I	
CITY-ST-ZIP			DELRAY BEACH FL	
TITLE	DD	NAME	KROLL, BETTY	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS			396 CAPRI I	
CITY-ST-ZIP			DELRAY BEACH FL	
TITLE	DD	NAME	GREENBLATT, SAM	<input type="checkbox"/> DELETE
STREET ADDRESS			426 CAPRI I	
CITY-ST-ZIP			DELRAY BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	NAME	ADAMEK, SAOIE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME			430 CAPRI I	
1.3 STREET ADDRESS			DELRAY BEACH FL 33484	
1.4 CITY-ST-ZIP				
2.1 TITLE	V	NAME	SPINOSA, MILDRED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME			415 CAPRI I	
2.3 STREET ADDRESS			DELRAY BEACH, FL 33484	
2.4 CITY-ST-ZIP				
3.1 TITLE	S	NAME	WEISBERG, Janet	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME			407 CAPRI I	
3.3 STREET ADDRESS			DELRAY BEACH, FL 33484	
3.4 CITY-ST-ZIP				
4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME				
4.3 STREET ADDRESS				
4.4 CITY-ST-ZIP				
5.1 TITLE	P	NAME	LAKOFF, Lillian	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME			393 CAPRI I	
5.3 STREET ADDRESS			DELRAY BEACH, FL 33484	
5.4 CITY-ST-ZIP				
6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME				
6.3 STREET ADDRESS				
6.4 CITY-ST-ZIP				

14. 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 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

*Sadie Adamek*

Date

Daytime Phone #

CR2E037 (10/97)