

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742378 (3)

1. Corporation Name

CAPRI H ASSOCIATION, INC.



Principal Place of Business

Mailing Address

PRIME MANAGEMENT GROUP, INC.
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

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1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

3. Date Incorporated or Qualified
04/13/1978

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1848830

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible taxes under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHESTER, HENRY
KINGS PORT CAPRI H337
DELRAY BEACH FL 33484

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 617.0502 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME P
STREET ADDRESS SCHAFER, HELEN
CITY-ST-ZIP KINGS PT. CAPRI H 359
DELRAY BEACH FL

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME AGENT
1.3 STREET ADDRESS RAIBLE, RONALD
1.4 CITY-ST-ZIP 6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 3387 ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME V
STREET ADDRESS MINTZ, JEANETTE
CITY-ST-ZIP KINGS PT. CAPRI H 347
DELRAY BEACH FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME S
STREET ADDRESS PODRIS, MARY
CITY-ST-ZIP KINGS PT. CAPRI H 339
DELRAY BEACH FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME T
STREET ADDRESS CHESTER, HENRY
CITY-ST-ZIP KINGS PT. CAPRI 337
DELRAY BEACH FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME O
STREET ADDRESS ROSENBERG, ARNOLD
CITY-ST-ZIP KINGS PT. CAPRI J 380
DELRAY BEACH FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME 900001808209
5.3 STREET ADDRESS -05/06/96--01016--006
5.4 CITY-ST-ZIP ***857.50

TITLE ☐ DELETE
NAME D
STREET ADDRESS TAINSKY, MARTIN
CITY-ST-ZIP KINGS PT. CAPRI H 348
DELRAY BEACH FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME m-m
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 3-14-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Helen B. Schaffer

Signature and Title of Registered Agent or Director

3/28/96

Date

997-4045

Daytime Phone #

CR2E037 (12/95)