

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 742381 (7)**  
1. Corporation Name  
**CAPRI K ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**PRIME MANAGEMENT GROUP, INC.**  
1051 SOUTH ROGERS CIRCLE  
BOCA RATON FL 33487

3. Date Incorporated or Qualified **04/13/1978** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-1856178** 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 tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**RAIBLE, RONALD**  
1051 SOUTH ROGERS CIRCLE  
BOCA RATON FL 33487

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	11 TITLE	<b>AGENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RIGOLETTO, RAYMOND</b>	12 NAME	<b>RAIBLE, RONALD</b>
STREET ADDRESS	<b>KINGS PT. CAPRI K 514</b>	13 STREET ADDRESS	<b>6300 PARK OF COMMERCE BLVD.</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	14 CITY-ST-ZIP	<b>BOCA RATON, FL 33487</b>
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	21 TITLE	<b>S00001E00:169</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, LENNY</b>	22 NAME	<b>05/06/96-01016-004</b>
STREET ADDRESS	<b>CAPRI K 520</b>	23 STREET ADDRESS	<b>***857.50</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	24 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	31 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DUMOCH, IRVING</b>	41 NAME	<b>COTLER, DAVE</b>
STREET ADDRESS	<b>KINGS PT CAPRI K-513</b>	42 STREET ADDRESS	<b>502 CAPRI K</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	43 CITY-ST-ZIP	<b>DELRAY BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	44 CITY-ST-ZIP	
NAME	<b>BLUMBERG, MORT</b>	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>CAPRI K 518</b>	52 NAME	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	53 STREET ADDRESS	
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	54 CITY-ST-ZIP	
NAME	<b>CROSSMAN, SYLVIA</b>	61 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>524 CAPRI K</b>	62 NAME	<b>FOGELSON, ELI</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	63 STREET ADDRESS	<b>499 CAPRI K</b>
TITLE	<input type="checkbox"/> DELETE	64 CITY-ST-ZIP	<b>DELRAY BEACH FL</b>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 19.07(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** \_\_\_\_\_ **Ray Risoletto** 3/28/96 9974045  
DATE AND TYPED OFFICE NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)