

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 # 746642 (8)

1. Corporation Name

CAPRI B ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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



3. Date Incorporated or Qualified

04/05/1979

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1965624

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

10. Name and Address of New Registered Agent

RAIBLE, RONALD

6300 Park 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 617.0502 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 P ☐ DELETE

NAME KRULEWITZ, HARRY
STREET ADDRESS KINGS PT. CAPRI B 89
CITY-ST-ZIP DELRAY BEACH FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PD Krulewitz, Harry
89 Capri B

☐ Change

☒ Addition

TITLE V ☐ DELETE

NAME KURZ, EGON
STREET ADDRESS CAPRI B 50
CITY-ST-ZIP DELRAY BEACH FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Egon Kurz
VPD 50 Capri B

☐ Change

☐ Addition

TITLE SD ☒ DELETE

NAME LEONARD, ANN
STREET ADDRESS 66 CAPRI B
CITY-ST-ZIP DELRAY BEACH FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

SD Blechman, Eunice
73 Capri B

☐ Change

☒ Addition

TITLE TD ☐ DELETE

NAME BERG, SYLVIA
STREET ADDRESS KINGS PT. CAPRI B 86
CITY-ST-ZIP DELRAY BEACH FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TD Berg, Sylvia
86 Capri B

☐ Change

☐ Addition

TITLE D ☐ DELETE

NAME BLACK, BEA
STREET ADDRESS KINGS PT. CAPRI B 70
CITY-ST-ZIP DELRAY BEACH FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

600001808136
-05/06/96--01016--002
***245.00

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DD Black, Beatrice
70 Capri B

☐ Change

☐ Addition

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 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
OR PRINTED NAME
OFFICER OR DIRECTOR

3-28-96

Date

997-4045

Daytime Phone #

CR2E037 (12/95)