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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **745989** **(4)**

1. Corporation Name

CAPRI C ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PRIME M 1051 SOI BOCA RA	C. PRIME MGMT.GROUP, INC. 6300 PRK.OF COMMERCE BLVD BOCA RATON, FL.33487

2. Princ

21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 02/16/1979
3a. Date of Last Report: 05/01/1996

4. FEI Number: 59-1951433 ☐ 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

9. Name and Address of Current Registered Agent

RAIBLE, RONALD
KINGS POINT CAPRI C, APT. 141
1051 S ROGERS CIR
BOCA RATON FL 33487

81 Name
82 Street Ad BWATT, MYRON
6300 PK OF COMMERCE BLVD
83 BOCA RATON, FL 33487
84 City FL

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 _____ DATE 3/6/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	KRAUSE, SANFORD		1.2 NAME	KRAUSE, SANFORD	
STREET ADDRESS	143 CAPRI C		1.3 STREET ADDRESS	143 CAPRI C	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE	DV	☐ DELETE	2.1 TITLE	VPD	☐ Change ☐ Addition
NAME	BORENSTEIN, HENRY		2.2 NAME	BORENSTEIN, HENRY	
STREET ADDRESS	128 CAPRI C		2.3 STREET ADDRESS	128 CAPRI C	
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE	S	☐ DELETE	3.1 TITLE	SD	☐ Change ☐ Addition
NAME	TROSKIN, SYLVIA		3.2 NAME	TROSKIN, SYLVIA	
STREET ADDRESS	KINGS PT. CAPRI C 101		3.3 STREET ADDRESS	101 CAPRI C	
CITY-ST-ZIP	DELRAY BEACH FL		3.4 CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE	TD	☐ DELETE	4.1 TITLE	TD	☐ Change ☐ Addition
NAME	WANDERMAN, FRED		4.2 NAME	WANDERMAN, FRED	
STREET ADDRESS	KINGS PT. CAPRI C 133		4.3 STREET ADDRESS	133 CAPRI C	
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE	D	☐ DELETE	5.1 TITLE	DD	☐ Change ☐ Addition
NAME	ASCH, ALEX		5.2 NAME	ASCH, ALEX	
STREET ADDRESS	KINGS PT. CAPRI C 123		5.3 STREET ADDRESS	123 CAPRI C	
CITY-ST-ZIP	DELRAY BEACH FL		5.4 CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE	D	☒ DELETE	6.1 TITLE	DD	☐ Change ☒ Addition
NAME	RADO, NAT		6.2 NAME	COHEN, JOSEPH	
STREET ADDRESS	KINGS PT. CAPRI 130		6.3 STREET ADDRESS	115 CAPRI C	
CITY-ST-ZIP	DELRAY BEACH FL		6.4 CITY-ST-ZIP	DELRAY BEACH, FL	

CR2E037 (9/96)

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: Sanford Krause REQUIRED 3/12/97 498-9369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0039661