

FILE NOW: FILING FEE IS \$61.25

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Apr 17 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 # **746641** (0)

1. Corporation Name

**CAPRI A ASSOCIATION, INC.**



Principal Place of Business <b>C/O PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487</b>	Mailing Address <b>C/O PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified  
**04/05/1979**

4. FEI Number  
**59-1953442**

6. 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 <b>SWATT, MYRON 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487</b>
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>PD WEISS, LESTER</b>
STREET ADDRESS	<b>7 CAPRI A</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>VD PETERS, BEN</b>
STREET ADDRESS	<b>25 CAPRI A</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SD FEINMAN, SARA</b>
STREET ADDRESS	<b>14 CAPRI A</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>TD FORREST, JOSEPH</b>
STREET ADDRESS	<b>17 CAPRI A</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DD FADER, MICHAEL</b>
STREET ADDRESS	<b>19 CAPRI A</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DD LAZARUS, MITCHELL</b>
STREET ADDRESS	<b>8 CAPRI A</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>P PETERS, BEN</b>
1.3 STREET ADDRESS	<b>25 CAPRI A</b>
1.4 CITY-ST-ZIP	<b>DELRAY BEACH, FL 33484</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>V ROSENBERG, IRMA</b>
2.3 STREET ADDRESS	<b>5 CAPRI A</b>
2.4 CITY-ST-ZIP	<b>DELRAY BEACH, FL 33484</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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: \_\_\_\_\_ DATE: **3-11-98**

CR2E037 (10/97)