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Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745990** (2)
1. Corporation Name
CAPRI E ASSOCIATION, INC.



Principal Place of Business PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487	Mailing Address PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487
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3. Date Incorporated or Qualified

02/16/1979

4. FEI Number

59-1940066

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. 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

10. Name and Address of New Registered Agent

**SWATT, MYRON
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 of the registered agent or 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

1.1 TITLE ☐ Change ☒ Addition

NAME **PD
LEBED, MEYER**
STREET ADDRESS **212 CAPRI E**
CITY-ST-ZIP **DELRAY BCH FL**

1.2 NAME **P BOGARTZ, JOSEPH**
1.3 STREET ADDRESS **200 CAPRI E**
1.4 CITY-ST-ZIP **DELRAY BEACH FL 33487**

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **VD
FENTIN, LEON**
STREET ADDRESS **216 CAPRI E**
CITY-ST-ZIP **DELRAY BEACH FL**

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **SD
SELTZER, RUTH**
STREET ADDRESS **240 CAPRI E**
CITY-ST-ZIP **DELRAY BEACH FL**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE

4.1 TITLE ☐ Change ☒ Addition

NAME **TO
BOGARTZ, JOSEPH**
STREET ADDRESS **211 CAPRI E**
CITY-ST-ZIP **DELRAY BEACH FL**

4.2 NAME **T. LIPNER, MAGDA**
4.3 STREET ADDRESS **211 CAPRI E**
4.4 CITY-ST-ZIP **DELRAY BEACH, FL 33487**

TITLE ☒ DELETE

5.1 TITLE ☐ Change ☒ Addition

NAME **DO
SOLOMON, LAWRENCE**
STREET ADDRESS **231 CAPRI E**
CITY-ST-ZIP **DELRAY BEACH FL**

5.2 NAME **D KLONSKY, PEARL**
5.3 STREET ADDRESS **195 CAPRI E**
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **DO
FROHWIRTH, NINA**
STREET ADDRESS **218 CAPRI E**
CITY-ST-ZIP **DELRAY BEACH FL**

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:

Joseph Bogartz

3-11-98

CR2E037 (10/97)