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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

DOCUMENT # **742379** **(1)**

1. Corporation Name

CAPRI I ASSOCIATION, INC.

Principal Place of Business	*Mailing Address*
PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487 US	PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 04/13/1978

4. FEI Number: 59-1838844 ☐ 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

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**

SWATT, MYRON
6300 PK OF COMMERCE BLVD
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 Section 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	PD	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	MESHULAM, FLORENCE		1.2 NAME	ADAMEK, SADIE	
STREET ADDRESS	399 CAPRI I		1.3 STREET ADDRESS	430 CAPRI I	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	Delray Beach Fla 33484	
TITLE	PD	☒ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	WALBRUN, EVELYN		2.2 NAME	SPINOSA, Mildred	
STREET ADDRESS	419 CAPRI I		2.3 STREET ADDRESS	415 CAPRI I	
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP	Delray Beach, Fla 33484	
TITLE	SD	☒ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	GRSTEIN, HANNAH		3.2 NAME	WEISBERG, Janet	
STREET ADDRESS	395 CAPRI I		3.3 STREET ADDRESS	407 Capri I	
CITY-ST-ZIP	DELRAY BEACH FL		3.4 CITY-ST-ZIP	Delray Beach, Fla 33484	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CHARKINS, BERTHA		4.2 NAME		
STREET ADDRESS	405 CAPRI I		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-ST-ZIP		
TITLE	DD	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	KROLL, BETTY		5.2 NAME	LaKOFF, Lillian	
STREET ADDRESS	396 CAPRI I		5.3 STREET ADDRESS	393 Capri I	
CITY-ST-ZIP	DELRAY BEACH FL		5.4 CITY-ST-ZIP	Delray Beach, Fla 33484	
TITLE	DD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GREENBLATT, SAM		6.2 NAME		
STREET ADDRESS	426 CAPRI I		6.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Sadie Adamek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #