NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90046 044 ****61.25

DOC	CUM	ENT	#	74	66	43

1. Corporation Name

CAPRI F ASSOCIATION, INC.

Principal Place	e of Business	Mailing Address				•		
PRIME MANAGEMENT GROUP, INC.		PRIME MANAGEMENT GROUP, INC.						
6300 PARK OF COMMERCE BLVD		6300 PARK OF COMMERCE BLVD						!
BOCA RATON FL 33487		BOCA RATON FL 33487				# 5655 # 1 8 55 #1866 #	1811 B1811 B18	RE MERRE ERRE
US		US			İ			
2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed			
21		26			04/05/1979			1
Suite, Apt.	# etc	Suite, Apt. #, etc.			4. FEI Number		Apı	olied For
-	, , o.o.	27			59-1972477		No	Applicable
22		City & State			00 1012111		\$8.75 A	
City & Stat		 			5. Certifcate of Status Desired		Fee Re	
23		28	C					
Zip —	Country	<u></u>	Country		6. Election Campaign Financing		\$5.00	
24	25	29 30			Trust Fund Contribution		Added to	rees
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New R	legistered Ag	ent	
	* * * * * * * * * * * * * * * * * * * *		81	Name				
SWATT, M	IVDON		82	Street Addres	ss (P.O. Box Number is Not Accepta	able)		
1			"	Oli edi Addi di	55 (1 .0. DOX 11511 150 15 1 15 1			
	OF COMMERCE BLVD		83					
BOCA RA	TON FL: 33487-							
	•		84	City		E1	85 Zip C	ode
								intornal
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes, th	ie above	-named corpor	ration submits this statement for the his board of directors. I bereby accet	purpose or cri of the appointr	anging its nent as rec	istered
agent. I a	egistered agent, or both, in the State of familiar with, and accept the obligat	tions of, Section 617.0503, Florida	Statutes	ine corporation	, 5 5545 5, 4, 556-5, 7, 107-2, 7, 107-2,	• • • • • • • • • • • • • • • • • • • •		´
SIGNATURE	Signature, typed or printed name of registered agent	at and little if applicable. (NOTE: Regis	stered Agen	t signature required		DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OF			
TITLE	D	DELETE	1.1 TITLE	1		[Change	Addition
NAME	MASCOOP, PEARL		1.2 NAME	بنوا	oria Barash			• •
STREET ADDRESS	271 CAPRI F	i.	1.3 STREET	ADDRESS GU	PLICE DO WATE			Ť
Į	[1.4 CITY-ST	7	57 capri F			
CITY-ST-ZIP	DELRAY BEACH FL		2.1 TILE	-Z# - Z	370011		Change	Addition
TITLE	D			1)				7
NAME	KLATSKY, MAC		2.2 NAME	150	inrietta Gora	2 6 U		ļ
STREET ADDRESS	281 CAPRI E	į:	2.3 STREET					l
CITY-ST-ZIP	DELRAY BCH FL	1:	2. 4 CITY-S	T-ZIP	so Capri F			
TITLE	PD	☐ DELETE :	3.1 TITLE	T]	Change	☐ Addition
NAME	BIAL, NORMAN	-1.	3.2 NAME	1		•		
STREET ADDRESS	I		3.3 STREET	ADDRESS		•		1
	247 CAPRI F			1				ľ
CITY-ST-ZIP	DELRAY BEACH FL		3.4. CITY-S	1-41		 -i	Change	Addition
TITLE) T	_	4.1 TITLE)		,		
NAME	BARASH, MILTON	.	4. 2 NAME					
STREET ADDRESS	CAPRI F 257		4.3 STREET	ADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-S					
TITLE	D	☐ DELETE	5.1 TITLE	11	G_{i}	• 5	Change	☐ Addition
NAME	POCH, JORDAN		5.2 NAME	J	P.D ordan Poch 34 Capri F		•	4
1		1.	5.3 STREET	ADDRESS TO	orami raz.			
STREET ADDRESS	2010/11/11	ľ	5.4 CITY-S	1.7IP	cu ca ori F	٠.		,
CITY-ST-ZIP	DELRAY BEACH FL		6.1 TITLE		21 000 1.1		Change	Addition
πιLE	SD	☐ DELETE	5.1 THE					
	00		C 0 MASS 400	ı				
NAME	POCH, IRIS 284 CAPRI F		6.2 NAME	ADDRESS				

CITY-ST-ZIP

DELRAY BCH. FL

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, with all other like empowered.

SIGNATURE:

iii iii