

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90041 007 ****61.25

DOCUMENT # 746641

1. Entity Name

CAPRI A ASSOCIATION, INC.



Principal Place of Business

C/O PRIME MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487

Mailing Address

C/O PRIME MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487

04067034



MOORE CR2E037 (11/03)

2. Principal Place of Business

1315 NW 8TH STREET
Suite, Apt. #, etc.

3. Mailing Address

1315 NW 8TH STREET
Suite, Apt. #, etc.

City & State

BOYNTON BEACH FL

City & State

BOYNTON BEACH FL

4. FEI Number

59-1953442

Applied For

Not Applicable

Zip

33426

Country

US

Zip

33426

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWATT, MYRON
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name WILSON, DANNY

Street Address (P.O. Box Number is Not Acceptable)

1315 NW 8TH STREET

City BOYNTON BEACH FL Zip Code 33426

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Danny Wilson DANNY WILSON

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/2004

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME CASPI, MINNIE
STREET ADDRESS 34 CAPRI A
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE V ☐ Delete
NAME TUCKER, NATHAN
STREET ADDRESS 14 CAPRI A
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE SD ☐ Delete
NAME COZANO, MARIO
STREET ADDRESS 32 CAPRI A
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE TD ☐ Delete
NAME FORREST, JOSEPH
STREET ADDRESS 17 CAPRI A
CITY-ST-ZIP DELRAY BEACH FL

TITLE D ☐ Delete
NAME LOZANO, NICK
STREET ADDRESS 32 CAPRI A
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE D ☐ Delete
NAME FOREST, HELEN
STREET ADDRESS 17 CAPRI A
CITY-ST-ZIP DELRAY BEACH FL 33484

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nathan Tucker NATHAN TUCKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-04

Date

561-496-3690

Daytime Phone #