

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90230 001 *4,226.25

DOCUMENT # 745989

1. Entity Name
CAPRI C ASSOCIATION, INC.



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

Mailing Address
PRIME MANAGEMENT GROUP, INC.
6300 PRK OF COMMERCE BLVD
BOCA RATON, FL 33487 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1951433

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWATT, MYRON
6300 PRK OF COMMERCE BLVD
1051 S ROGERS CIR
BOCA RATON, FL 33487

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME KRAUSE, SANFORD
STREET ADDRESS 143 CAPRI C
CITY-ST-ZIP DELRAY BEACH, FL

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

TITLE VPD ☐ Delete
NAME BORENSTEIN, HENRY
STREET ADDRESS 128 CAPRI C
CITY-ST-ZIP DELRAY BEACH, FL

TITLE ☒ Change ☐ Addition
NAME **Borenstein, Henry**
STREET ADDRESS **128 Capric**
CITY-ST-ZIP **Delray Beach, FL**

TITLE S ☐ Delete
NAME KRAUSE, SANDRA
STREET ADDRESS 143 CAPRI C
CITY-ST-ZIP DELRAY BEACH, FL

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

TITLE D ☐ Delete
NAME SMITH, MURRAY
STREET ADDRESS 127 CAPRI C
CITY-ST-ZIP DELRAY BEACH, FL

TITLE ☒ Change ☐ Addition
NAME **Smith, Murray**
STREET ADDRESS **127 Capri C**
CITY-ST-ZIP **Delray Beach, FL**

TITLE T ☒ Delete
NAME FLOREN, JEROME
STREET ADDRESS 109 CAPRI C
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE ☐ Change ☒ Addition
NAME **Flomen, Jerome**
STREET ADDRESS **109 Capri C**
CITY-ST-ZIP **Delray Beach, FL 33484**

TITLE D ☒ Delete
NAME **Jerry Gurewitz**
STREET ADDRESS **134 Capric**
CITY-ST-ZIP **Delray Beach, FL 33484**

TITLE ☐ Change ☒ Addition
NAME **Jerry Gurewitz**
STREET ADDRESS **134 Capri C**
CITY-ST-ZIP **Delray Beach, FL 33484**

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: *Sanford Krause*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

498-9369

Daytime Phone #