

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

112

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 04 NOV -4 AM 10:41



**DOCUMENT # 742381**  
 1. Entity Name  
**CAPRI K ASSOCIATION, INC.**

Principal Place of Business  
**PRIME MANAGEMENT GROUP, INC.  
 6300 PARK OF COMMERCE BLVD.  
 BOCA RATON, FL 33487-8290**

Mailing Address  
**PRIME MANAGEMENT GROUP, INC.  
 6300 PARK OF COMMERCE BLVD.  
 BOCA RATON, FL 33487-8290**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



03232004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1856178** Applied For  
 Not Applicable

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  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RIGOLETTO, RAY</b> <b>514 CAPRI K</b> <b>DELRAY BEACH, FL 33484</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>5/4/04 70230 901 61-25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DERMER, ROBERTA</b> <b>515 CAPRI K</b> <b>DELRAY BEACH, FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Herb Bello D</b> <b>Capri K</b> <b>Delray Beach, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GINSBURG,</b> <b>527 CAPRI K</b> <b>DELRAY BEACH, FL 33484</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Ginsburg, Anne</b> <b>527 Capri K</b> <b>Delray Beach, FL 33484</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>TRESH, ABE</b> <b>507 CAPRI K</b> <b>DELRAY BEACH, FL 33484</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>S</b> <b>Sy Dermer</b> <b>Capri K</b> <b>Delray Beach, FL 33484</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DUMOCK, IRV</b> <b>513 CAPRI K</b> <b>DELRAY BEACH, FL 33484</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>TRESH, ABE</b> <b>507 CAPRI K</b> <b>DELRAY BEACH, FL 33484</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>Edith Shevelove</b> <b>Capri K</b> <b>Delray Beach, FL 33484</b>

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: Raymond Rigoleto **OCT/22/04** **498-3276**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1115

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Florida Department of State  
Attn: Division of Corporations

October 27, 2004

Pursuant to phone conversation with your department today, please waive 2003 reinstatement fees for Capri K #742381 for the following reasons:

UBR was filed April, 2003 (copy Attached) and check was cashed by your department. No letter of request for signature was received by the Association or Prime Management

Because the check was cashed and NOT returned to the Association, and letters and UBR forms were not received by said association, we request waiver of reinstatement fees as all parties involved were not aware the Corporation had been dissolved for non-payment of fees that WERE paid.

Thank you for your prompt attention to this matter.  
I remain

Very Truly Yours

Ani Glaser  
Controller,  
Capri K  
Prime Management

10/27/04  
10:00 AM  
10/27/04