

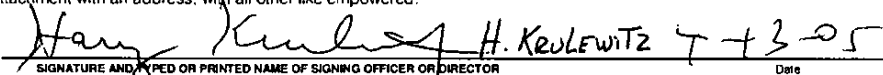


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90104 005 \*\*\*\*61.25

<b>DOCUMENT # 746642</b> 1. Entity Name <b>CAPRI B ASSOCIATION, INC.</b>					
Principal Place of Business C/O PRIME MANAGEMENT GROUP, INC. 6300 PK OF COMMERCE BLVD BOCA RATON, FL 33487 US			Mailing Address C/O 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	4. FEI Number <b>59-1965624</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SWATT, MYRON 6300 PRK OF COMMERCE BLVD BOCA RATON, FL 33487				Name <b>CAPRI B ASSOCIATION, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>ARNIE BERNSTEIN</b> <b>6300 PARK OF COMMERCE BOULEVARD</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33487</b>	
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 <b>ARNIE BERNSTEIN</b>  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRULEWITZ, HARRY		NAME		
STREET ADDRESS	89 CAPRI B		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KURZ, EGON		NAME	<b>VP</b>	
STREET ADDRESS	50 CAPRI B		STREET ADDRESS	<b>BARBARELL, MILTON</b>	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	<b>91 CAPRI B</b>	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BARBANELL, MILTON		NAME	<b>LEVINE, MARILYN</b>	
STREET ADDRESS	91 CAPRI B		STREET ADDRESS	<b>57 CAPRI B</b>	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	<b>DELRAY BEACH, FL 33484</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GRUBER, EVELYN		NAME	<b>D</b>	
STREET ADDRESS	54 CAPRI B		STREET ADDRESS	<b>DRATEL, IRA</b>	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	<b>63 CAPRI B</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CHUCK, MACHERONE		NAME	<b>SD</b>	
STREET ADDRESS	95 CAPRI B		STREET ADDRESS	<b>PLAGER, Helene</b>	
CITY-ST-ZIP	DELRAY BCH, FL		CITY-ST-ZIP	<b>68 CAPRI B</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <b>Harry Krulwitz</b>  <b>H. KRULEWITZ</b> <b>7-13-05</b> <b>4989625</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					