
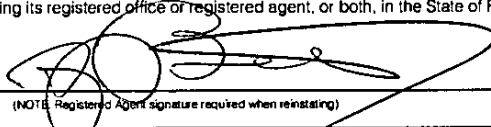
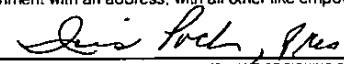


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-03-2005 90104 009 ****61.25

DOCUMENT # 746643			
1. Entity Name CAPRI F ASSOCIATION, INC.			
Principal Place of Business PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US		Mailing Address PRIME MANAGEMENT GROUP, INC. 6300 PARK 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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SWATT, MYRON 6300 PK OF COMMERCE BLVD BOCA RATON, FL 33487		Name CAPRI F ASSOCIATION, INC. Street Address (P.O. Box Number is Not Applicable) ARNIE BERNSTEIN 6300 PARK OF COMMERCE BOULEVARD City BOCA RATON FL Zip Code 33487	
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 ARNIE BERNSTEIN <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARASH, GLORIA	NAME	
STREET ADDRESS	257 CAPRI F	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON, HENRIETTA	NAME	ABOWITZ, ELAINE
STREET ADDRESS	280 CAPRI F	STREET ADDRESS	242 CAPRI F
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIAL, NORMAN	NAME	POCH, IRIS
STREET ADDRESS	247 CAPRI F	STREET ADDRESS	284 CAPRI F
CITY-ST-ZIP	DELRAY BEACH, FL	CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	T <input type="checkbox"/> Delete	TITLE	
NAME	KWHL, SHIRLEY	NAME	
STREET ADDRESS	281 CAPRI F	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POCH, JORDAN	NAME	GORDON, HONEY
STREET ADDRESS	284 CAPRI F	STREET ADDRESS	280 CAPRI F
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POCH, IRIS	NAME	HALLEN, EVELYN
STREET ADDRESS	284 CAPRI F	STREET ADDRESS	245 CAPRI F
CITY-ST-ZIP	DELRAY BCH., FL	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:  IRIS POCH		Date 4/13/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	