


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-03-2005 90104 014 ****61.25

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

40013001



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

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

04122005 Chg-NP CR2E037 (10/03)

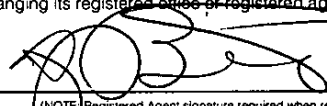
4. FEI Number
 59-1856178 Applied For
 Not Applicable

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 CAPRI K ASSOCIATION, INC.
 Street Address (P.O. Box Number is Not Acceptable)
 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 
 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, 2005

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	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGOLETTO, RAY		NAME	Rigoletto, Jay	
STREET ADDRESS	514 CAPRI K		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLO N, HERB		NAME		
STREET ADDRESS	515 CAPRI K		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINSBURG, ANNE		NAME	Ginsburg, Anne	
STREET ADDRESS	527 CAPRI K		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERMER, SY		NAME	Sy Dermer	
STREET ADDRESS	CAPRI K		STREET ADDRESS	515 CAPRI K	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUMOCK, IRV		NAME		
STREET ADDRESS	513 CAPRI K		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEVELORE, EDITH		NAME		
STREET ADDRESS	CAPRI K		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		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:  Jay Rigoletto April 12/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #