

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-03-2005 90104 015 ****61.25

DOCUMENT # 742040 1. Entity Name CAPRI L ASSOCIATION, INC.					
Principal Place of Business PRIME MANAGEMENT GROUP, INC. 6300 PK 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		
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 L 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  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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P BISHOP, JERRY 553 CAPRI L DELRAY BEACH, FL 33484 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bishop, Jerry ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IRVING, THAW 561 CAPRI L DELRAY BEACH, FL 33484 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAYNE, MARTIN 540 CAPRI L DELRAY BEACH, FL 33484 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSEN BLAT, BERTHA 534 CAPRI L DELRAY BEACH, FL 33484 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FINK, FRAN 570 CARI L DELRAY BEACH, FL 33484 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POPEK, ALICE 569 CAPRI L DELRAY BEACH, FL 33484 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LERNER, Lawrence 535 CAPRI L DELRAY BEACH, FL 33484 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAKE, HERB 537 CAPRI L DELRAY BEACH, FL 33484 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAKE, Herb ☒ Change ☐ Addition	
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: Herbert Lake HERB LAKE 4/13/05 638-6003 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					