


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90181 027 ****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

40060248



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

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

01292007 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-1856178

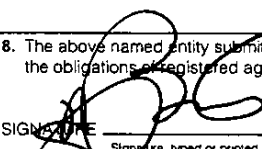
Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BERNSTEIN, ARNIE
 CAPRI: C ASSOCIATION, INC
 6300 PARK OF COMMERCE BLVD
 BOCA RATON, FL 33487

7. Name and Address of New Registered Agent
 Name: Capri K
 Street Address (P.O. Box Number is Not Acceptable):
 ce300 Park of Commerce Blvd.
 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:  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, 2007

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: VP NAME: RIGOLETTO, RAY STREET ADDRESS: 514 CAPRI K CITY-ST-ZIP: DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE: S NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BELLO N, HERB STREET ADDRESS: 515 CAPRI K CITY-ST-ZIP: DELRAY BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE: [Blank] NAME: GERSHON, MARSHA MARTHA STREET ADDRESS: 494 CAPRI K CITY-ST-ZIP: Delray Beach	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: GINSBURG, ANNE STREET ADDRESS: 527 CAPRI K CITY-ST-ZIP: DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Delete	TITLE: VP NAME: MORROW, FRAN STREET ADDRESS: 503 CAPRI K CITY-ST-ZIP: Delray Beach	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: P NAME: DERMER, SY STREET ADDRESS: 515 CAPRI K CITY-ST-ZIP: DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Delete	TITLE: R NAME: GINSBERG ANNE STREET ADDRESS: 527 CAPRI K CITY-ST-ZIP: Delray Beach	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: DUNOCK, IRV STREET ADDRESS: 513 CAPRI K CITY-ST-ZIP: DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: DUNOCHT, IRV STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SHEVELORE, EDITH STREET ADDRESS: CAPRI K CITY-ST-ZIP: DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  3/22/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #