

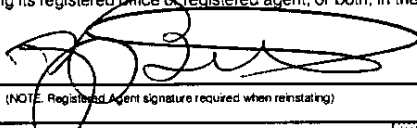
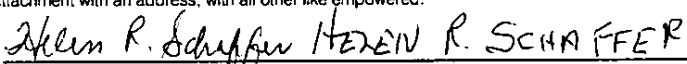


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-03-2005 90104 011 \*\*\*\*61.25

<b>DOCUMENT # 742378</b> 1. Entity Name <b>CAPRI H ASSOCIATION, INC.</b>					
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 PK OF COMMERCE BLVD BOCA RATON, FL 33487 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02242005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number <b>59-1848830</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SWATT, MYRON</b> <b>6300 PK OF COMMERCE BLVD</b> <b>BOCA RATON, FL 33487</b>				7. Name and Address of New Registered Agent Name <b>CAPRI H 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> FL 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>  DATE _____ <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 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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SCHAFFER, HELEN</b>	NAME			
STREET ADDRESS	<b>KINGS PT. CAPRI H 359</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>DELRAY BEACH, FL</b>	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>SMITH, NATHAN</b>	NAME	<b>ROBINS, ARTHUR</b>		
STREET ADDRESS	<b>365 CAPRI H</b>	STREET ADDRESS	<b>345 CAPRI H</b>		
CITY-ST-ZIP	<b>DELRAY BEACH, FL</b>	CITY-ST-ZIP	<b>DELRAY BEACH, FL 33484</b>		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>PODRIS, MARY</b>	NAME			
STREET ADDRESS	<b>KINGS PT. CAPRI H 339</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>DELRAY BEACH, FL</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LEVINE, NATHAN</b>	NAME			
STREET ADDRESS	<b>373 CAPRI H</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33484</b>	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>PERFETTO, NANCY</b>	NAME			
STREET ADDRESS	<b>381 CAPRI H</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>DELRAY BEACH, FL</b>	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HACKER, ANITA</b>	NAME			
STREET ADDRESS	<b>344 CAPRI H</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33484</b>	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>HELEN R. SCHAFFER</b>  <b>4/13/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					