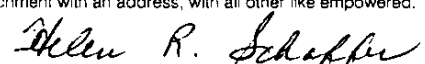


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-13-2007 90181 001 ****61.25

DOCUMENT # 742378 1. Entity Name CAPRI H 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 PK OF COMMERCE BLVD BOCA RATON, FL 33487 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01292007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1848830	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CAPRI H ASSOC., INC. 6300 PK OF COMMERCE BLVD BOCA RATON, FL 33487				Name Capri H Street Address (P.O. Box Number is Not Acceptable) 6300 Park of Commerce Blvd. City Boca Raton FL Zip Code 33487	
8. The above named entity admits 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:  (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHAFFER, HELEN	NAME			
STREET ADDRESS	KINGS PT. CAPRI H 359	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBINS, ARTHUR	NAME			
STREET ADDRESS	345 CAPRI H	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PODRIS, MARY	NAME			
STREET ADDRESS	KINGS PT. CAPRI H 339	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEVINE, NATHAN	NAME			
STREET ADDRESS	373 CAPRI H	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LENG, LENORE	NAME	LEVY, LENORE		
STREET ADDRESS	369 CAPRI H	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HACKER, ANITA	NAME			
STREET ADDRESS	344 CAPRI H	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 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:  3/29/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					