

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90230 001 *4,226.25

DOCUMENT # 742380

1. Entity Name
CAPRI J ASSOCIATION, INC.



Principal Place of Business
**PRIME MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487**

Mailing Address
**PRIME MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1858770

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWATT, MYRON
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2004**

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 **VD** ☐ Delete
NAME **HOFFMAN, MEYER**
STREET ADDRESS **447 CAPRI J**
CITY-ST-ZIP **DELRAY BEACH, FL**

TITLE **D** ☒ Change ☐ Addition
NAME **Hoffman, Meyer**
STREET ADDRESS **447 Capri J**
CITY-ST-ZIP **Delray Beach, FL 33484**

TITLE **PTD** ☐ Delete
NAME **SOLOMAN, MARTIN**
STREET ADDRESS **472 CAPRI J**
CITY-ST-ZIP **DELRAY BEACH, FL**

TITLE **TD** ☒ Change ☐ Addition
NAME **Soloman, martin**
STREET ADDRESS **472 Capri J**
CITY-ST-ZIP **Delray Beach, FL 33484**

TITLE **S** ☐ Delete
NAME **NALDER, FREDERICK**
STREET ADDRESS **478 CAPRI J**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE **P** ☒ Change ☐ Addition
NAME **Fred Naldner**
STREET ADDRESS **478 Capri J**
CITY-ST-ZIP **Delray Beach FL 33484**

TITLE **DD** ☒ Delete
NAME **ARENSTEIN, SEYMOUR**
STREET ADDRESS **443 CAPRI J**
CITY-ST-ZIP **DELRAY BCH, FL**

TITLE **V** ☐ Change ☒ Addition
NAME **Taubman, Ona**
STREET ADDRESS **454 Capri J**
CITY-ST-ZIP **Delray Beach, FL 33484**

TITLE **D** ☐ Delete
NAME **ELLISON, PHILIP**
STREET ADDRESS **479 CAPRI J**
CITY-ST-ZIP **DELRAY BEACH, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
NAME **Pat Leccese**
STREET ADDRESS **456 Capri J**
CITY-ST-ZIP **Delray Beach, FL 33484**

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:

Martin Solomon

4/29/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #