

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742381

(7)

1. Corporation Name

CAPRI K ASSOCIATION, INC.



Principal Place of Business

Mailing Address

PRIME MANAGEMENT GROUP, INC.
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

PRIME MANAGEMENT GROUP, INC.
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/13/1978

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1856178

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☒ No

10. Name and Address of New Registered Agent

RAIBLE, RONALD
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

P
RIGOLETTO, RAYMOND
KINGS PT. CAPRI K 514
DELRAY BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

VS
COHEN, LENNY
CAPRI K 520
DELRAY BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D
DUMOCH, IRVING
KINGS PT CAPRI K-513
DELRAY BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D
BLUMBERG, MORT
CAPRI K 518
DELRAY BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

DT
CROSSMAN, SYLVIA
524 CAPRI K
DELRAY BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP ☐ Change ☒ Addition

AGENT
RAIBLE, RONALD
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP ☐ Change ☐ Addition

900001888:163
05/06/96-01016-004
***857.50

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP ☐ Change ☒ Addition

D
COTLER, DAVE
502 CAPRI K
DELRAY BEACH FL

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP ☐ Change ☒ Addition

D
FOGELSON, ELI
499 CAPRI K
DELRAY BEACH FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

NAME OF SIGNING OFFICER OR DIRECTOR

Ray Rigoletto 3/28/96

9974045

Date

Daytime Phone #

CR2E037 (12/95)