


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-03-2005 90104 014 \*\*\*\*61.25

<b>DOCUMENT # 742381</b>					
<b>1. Entity Name</b> CAPRI K ASSOCIATION, INC.					
<b>Principal Place of Business</b> PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487-8290			<b>Mailing Address</b> PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487-8290		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04122005    Chg-NP    CR2E037 (10/03)	
<b>4. FEI Number</b> 59-1856178				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SWATT, MYRON 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487			Name <b>CAPRI K 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> <b>FL</b> Zip Code <b>33487</b>		
<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.</b>					
SIGNATURE <u>ARNIE BERNSTEIN</u> (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RIGOLETTO, RAY</b> <b>514 CAPRI K</b> <b>DELRAY BEACH, FL 33484</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Rigoletto, Jay</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BELLO N, HERB</b> <b>515 CAPRI K</b> <b>DELRAY BEACH, FL</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GINSBURG, ANNE</b> <b>527 CAPRI K</b> <b>DELRAY BEACH, FL 33484</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Ginsburg, Anne</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DERMER, SY</b> <b>CAPRI K</b> <b>DELRAY BEACH, FL 33484</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Sy Dermer</b> <b>515 Capri K</b> <b>Delray Beach, FL 33484</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DUMOCK, IRV</b> <b>513 CAPRI K</b> <b>DELRAY BEACH, FL 33484</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHEVELORE, EDITH</b> <b>CAPRI K</b> <b>DELRAY BEACH, FL 33484</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <u>Rigoletto Jay Rigoletto</u> Date <u>April 12/05</u> Daytime Phone # _____					