

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90019 022 \*\*\*\*61.25

|                                                    |                                                                                   |
|----------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 742381</b>                           |  |
| 1. Entity Name<br><b>CAPRI K ASSOCIATION, INC.</b> |                                                                                   |

|                                                                                                                                  |                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>PRIME MANAGEMENT GROUP, INC.<br/>6300 PARK OF COMMERCE BLVD.<br/>BOCA RATON, FL 33487-8290</b> | Mailing Address<br><b>PRIME MANAGEMENT GROUP, INC.<br/>6300 PARK OF COMMERCE BLVD.<br/>BOCA RATON, FL 33487-8290</b> |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|

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|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |

01222008 Chg-NP CR2E037 (12/06)

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-1856178</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                             |  |                                                    |          |
|---------------------------------------------------------------------------------------------|--|----------------------------------------------------|----------|
| 6. Name and Address of Current Registered Agent                                             |  | 7. Name and Address of New Registered Agent        |          |
| <b>BERNSTEIN, ARNIE<br/>CAPRI K<br/>6300 PARK OF COMMERCE BLVD<br/>BOCA RATON, FL 33487</b> |  | 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 \_\_\_\_\_

|                                                     |                                                                                                                        |                                                              |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make check payable to<br/>Florida Department of State</b> |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                        |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>RIGOLETTO, RAY<br>514 CAPRI K<br>DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GERSHON, MARTHA<br>484 CAPRI K<br>DELRAY BEACH, FL <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HOLLOW, FRAN<br>503 CAPRI K<br>DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><i>VP MORROW, FRAN</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>ANNE, GINSBERG<br>527 CAPRI K<br>DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>DUMOCH, IRV<br>513 CAPRI K<br>DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SHEVELORE, EDITH<br>CAPRI K<br>DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |

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:** *Rigolotto* **2/14/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #