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May 19 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 745989

(4)

1. Corporation Name

CAPRI C ASSOCIATION, INC.



Principal Place of Business

Mailing Address

PRIME M
1051 SOI
BOCA R

PRIME MGMT. GROUP, INC.
6300 PRK. OF COMMERCE BLVD
BOCA RATON, FL. 33487

3. Date Incorporated or Qualified
02/16/1979

3a. Date of Last Report
05/01/1996

4. FEI Number
59-1951433

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

2. Print

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

RAIBLE, RONALD
KINGS POINT CAPRI C, APT. 141
1051 S ROGERS CIR
BOCA RATON FL 33487

81 Name

82 Street Address

83

84 City

BWATT, MYRON
6300 PRK OF COMMERCE BLVD
BOCA RATON, FL 33487

FL

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KRAUSE, SANFORD	
STREET ADDRESS	143 CAPRI C	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BORENSTEIN, HENRY	
STREET ADDRESS	128 CAPRI C	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TROSKIN, SYLVIA	
STREET ADDRESS	KINGS PT. CAPRI C 101	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WANDERMAN, FRED	
STREET ADDRESS	KINGS PT. CAPRI C 133	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ASCH, ALEX	
STREET ADDRESS	KINGS PT. CAPRI C 123	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RADO, NAT	
STREET ADDRESS	KINGS PT. CAPRI 130	
CITY - ST - ZIP	DELRAY BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KRAUSE, SANFORD	
1.3 STREET ADDRESS	143 CAPRI C	
1.4 CITY - ST - ZIP	DELRAY BEACH, FL	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BORENSTEIN, HENRY	
2.3 STREET ADDRESS	128 CAPRI C	
2.4 CITY - ST - ZIP	DELRAY BEACH, FL	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TROSKIN, SYLVIA	
3.3 STREET ADDRESS	101 CAPRI C	
3.4 CITY - ST - ZIP	DELRAY BEACH, FL	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WANDERMAN, FRED	
4.3 STREET ADDRESS	133 CAPRI C	
4.4 CITY - ST - ZIP	DELRAY BEACH, FL	
5.1 TITLE	DD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ASCH, ALEX	
5.3 STREET ADDRESS	123 CAPRI C	
5.4 CITY - ST - ZIP	DELRAY BEACH, FL	
6.1 TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	COHEN, JOSEPH	
6.3 STREET ADDRESS	115 CAPRI C	
6.4 CITY - ST - ZIP	DELRAY BEACH, FL	

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0039661

CR2E037 (9/96)