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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Apr 17, 1998 8:00 am  
Secretary of State

DOCUMENT # 745989

(4)

1. Corporation Name

CAPRI C ASSOCIATION, INC.

Principal Place of Business

Mailing Address -

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

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

3. Date Incorporated or Qualified

02/16/1979

4. FEI Number

59-1951433

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWATT, MYRON  
6300 PRK OF COMMERCE BLVD  
1051 S ROGERS CIR  
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME KRAUSE, SANFORD

STREET ADDRESS 143 CAPRI C

CITY-ST-ZIP DELRAY BEACH FL

TITLE VPD ☐ DELETE

NAME BORENSTEIN, HENRY

STREET ADDRESS 128 CAPRI C

CITY-ST-ZIP DELRAY BEACH FL

TITLE SD ☐ DELETE

NAME TROSKIN, SYLVIA

STREET ADDRESS 101 CAPRI C

CITY-ST-ZIP DELRAY BEACH FL

TITLE TD ☐ DELETE

NAME WANDERMAN, FRED

STREET ADDRESS 133 CAPRI C

CITY-ST-ZIP DELRAY BEACH FL

TITLE DD ☐ DELETE

NAME ASCH, ALEX

STREET ADDRESS 123 CAPRI C

CITY-ST-ZIP DELRAY BEACH FL

TITLE DD ☐ DELETE

NAME COHEN, JOSEPH

STREET ADDRESS 115 CAPRI C

CITY-ST-ZIP DELRAY BEACH FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change ☐ Addition ☒  
Lubin, Carolyn  
411 Capri C  
Delray Beach, FL

14. 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 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: *Sanford Krause* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0040592

CR2E037 (10/97)