


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-28-2008 90019 015 ****61.25

DOCUMENT # 745989 1. Entity Name CAPRI C ASSOCIATION, INC.					
Principal Place of Business PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON, FL 33487 US			Mailing Address PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON, FL 33487 US		
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 59-1951433	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERNARD MARTE CAPRI C ASSOCIATION 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRAUSE, SANFORD		NAME		
STREET ADDRESS	143 CAPRI C		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOLOMON, MARTIN		NAME		
STREET ADDRESS	112 CAPRI C		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRAUSE, SANDRA		NAME		
STREET ADDRESS	143 CAPRI C		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, MURRAY		NAME		
STREET ADDRESS	127 CAPRI C		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLOMEN, JEROME		NAME		
STREET ADDRESS	109 CAIR CIR		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUREWITZ, JERRY		NAME		
STREET ADDRESS	134 CAPRI C		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
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, from all other like empowered.					
SIGNATURE: <i>James San, Treasurer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			13 February 2008 <small>Date Daytime Phone #</small> (561) 495-6465		