

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **746641** (0)  
1. Corporation Name  
**CAPRI A ASSOCIATION, INC.**



Principal Place of Business: **C/O PRIME MANAGEMENT GROUP, INC. 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487**  
Mailing Address: **C/O PRIME MANAGEMENT GROUP, INC. 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/05/1979</b>	3a. Date of Last Report <b>05/01/1995</b>
21	22		23	4. FEI Number <b>59-1953442</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>RAIBLE RONALD</b> <b>1051 S ROGERS CIR</b> <b>BOCA RATON FL 33487</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	<b>300001808193</b>		
				84	City		
					<b>-05/06/96--01016--005</b>	85	Zip Code
					<b>***857.50</b>	<b>FL</b>	

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and the applicable date. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS				13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE		11 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>GRIEF, ALVIN</b>			12 NAME	<b>KELSNER, RUTH</b>		
STREET ADDRESS	<b>41 CAPRI A</b>			13 STREET ADDRESS	<b>4 CAPRI A</b>		
CITY - ST - ZIP	<b>DELRAY BEACH FL</b>			14 CITY - ST - ZIP	<b>DELRAY BEACH FL</b>		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE		21 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WEISS, LESTER</b>			22 NAME	<b>WEISS, LESTER</b>		
STREET ADDRESS	<b>7 CAPRI A</b>			23 STREET ADDRESS	<b>7 CAPRI A</b>		
CITY - ST - ZIP	<b>DELRAY BEACH FL</b>			24 CITY - ST - ZIP	<b>DELRAY BEACH FL</b>		
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE		31 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>BERELSOH, JAONNE</b>			32 NAME	<b>ROSSENSON, DANIEL</b>		
STREET ADDRESS	<b>44 CAPRI A</b>			33 STREET ADDRESS	<b>5 CAPRI A</b>		
CITY - ST - ZIP	<b>DELRAY BEACH FL</b>			34 CITY - ST - ZIP	<b>DELRAY BEACH FL</b>		
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE		41 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>ROSENBERG, PAUL</b>			42 NAME	<b>ROSEN, ESTELLE</b>		
STREET ADDRESS	<b>KINGS PT. CAPRI A 8</b>			43 STREET ADDRESS	<b>11 CAPRI A</b>		
CITY - ST - ZIP	<b>DELRAY BEACH FL</b>			44 CITY - ST - ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		51 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FORREST, JOSEPH</b>			52 NAME	<b>FORREST, JOSEPH</b>		
STREET ADDRESS	<b>4 CAPRI A</b>			53 STREET ADDRESS	<b>17 CAPRI A</b>		
CITY - ST - ZIP	<b>DELRAY BEACH FL</b>			54 CITY - ST - ZIP	<b>DELRAY BEACH FL</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		61 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PETERS, BEN</b>			62 NAME	<b>PETERS, BEN</b>		
STREET ADDRESS	<b>KINGS PT. CAPRI A 25</b>			63 STREET ADDRESS	<b>25 CAPRI A</b>		
CITY - ST - ZIP	<b>DELRAY BEACH FL</b>			64 CITY - ST - ZIP	<b>DELRAY BEACH FL</b>		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Estelle P. Rosen*  
(PRINT AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR)  
**Estelle Rosen**

Date: **3-28-96**  
 Date of Filing: **997-4045**

CR2E037 (12/95)