

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2006 8:00 am
Secretary of State

08-30-2006 90004 027 ****61.25

DOCUMENT # 746643

1. Entity Name
CAPRI F ASSOCIATION, INC.



Principal Place of Business
PRIME MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US

Mailing Address
PRIME MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US

20054011



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07272006

Chg-NP

CR2E037 (4/06)

4. FEI Number
59-1972477

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERNSTEIN, ARNIE
6300 PK 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

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

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BARASH, GLORIA
STREET ADDRESS 257 CAPRI F
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE D ☐ Delete
NAME ABOWITZ, ELAINE
STREET ADDRESS 242 CAPRI F
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE PD ☐ Delete
NAME POCH, IRIS
STREET ADDRESS 247 CAPRI F
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE T ☐ Delete
NAME KWHL, SHIRLEY
STREET ADDRESS 281 CAPRI F
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE VP ☐ Delete
NAME HONEY, GORDON
STREET ADDRESS 284 CAPRI F
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE SD ☐ Delete
NAME HALLEN, EVELYN
STREET ADDRESS 284 CAPRI F
CITY-ST-ZIP DELRAY BCH., FL 33484

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Gertrude Bial
STREET ADDRESS 214 Capri F
CITY-ST-ZIP Delray 33484

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Kuhl
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #