

**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: Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address: Suite, Apt. #, etc. City & State 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BARASH, GLORIA			NAME	Gertrude Bial		
STREET ADDRESS	257 CAPRI F			STREET ADDRESS	274 Capri F		
CITY-ST-ZIP	DELRAY BEACH, FL 33484			CITY-ST-ZIP	Delray 33484		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ABOWITZ, ELAINE			NAME			
STREET ADDRESS	242 CAPRI F			STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33484			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POCH, IRIS			NAME			
STREET ADDRESS	247 CAPRI F			STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33484			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE	Kuhl	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KWHL, SHIRLEY			NAME			
STREET ADDRESS	281 CAPRI F			STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33484			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HONEY, GORDON			NAME			
STREET ADDRESS	284 CAPRI F			STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33484			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALLEN, EVELYN			NAME			
STREET ADDRESS	284 CAPRI F			STREET ADDRESS			
CITY-ST-ZIP	DELRAY BCH., 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, with all other like empowered.

SIGNATURE: Shirley Kuhl DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR