

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **743112** (5)

1. Corporation Name

BURGUNDY A ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2a Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/02/1978

4. FEI Number

59-1866979

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

**SWATT, MYRON
6300 PK OF COMMERCE BLVD
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 for 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 of individual named in 9. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P
NAME
KLEHOFSKY, DANIEL
STREET ADDRESS
19 BURGUNDY A
CITY - ST - ZIP
DELRAY BEACH FL**

TITLE ☐ DELETE

**V
NAME
OGUR, HARRY
STREET ADDRESS
17 BURGUNDY A
CITY - ST - ZIP
DELRAY BEACH FL**

TITLE ☐ DELETE

**S
NAME
WEISMAH, BEATRICE
STREET ADDRESS
17 BURGUNDY A
CITY - ST - ZIP
DELRAY BEACH FL**

TITLE ☐ DELETE

**T
NAME
REIZISS, EUGENE
STREET ADDRESS
43 BURGUNDY A
CITY - ST - ZIP
DELRAY BEACH FL**

TITLE ☐ DELETE

**D
NAME
FEINBERG, SOL
STREET ADDRESS
KINGS PT. BURGUNDY A 4
CITY - ST - ZIP
DELRAY BEACH FL**

TITLE ☐ DELETE

**D
NAME
ZEIONTZ, SID
STREET ADDRESS
42 BURGUNDY A
CITY - ST - ZIP
DELRAY BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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

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:

Beatrice Klehovsky

3/11/98 561-495-8313

CR2E037 (10/97)