


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-28-2008 90020 047 ****61.25

DOCUMENT # 743112			
1. Entity Name BURGUNDY A ASSOCIATION, INC.			
Principal Place of Business PRIME MANAGEMENT GROUP, INC. 6300 PK OF COMMERCE BLVD BOCA RATON, FL 33487 US		Mailing Address PRIME MANAGEMENT GROUP, INC. 6300 PK 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 59-1866979		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <i>BURGUNDY A ASSOCIATION</i> BERNARD HERMAN 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN, BOB	NAME	
STREET ADDRESS	5 BURGUNDY A	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMAN, JUDY	NAME	
STREET ADDRESS	44 BURGUNDY A	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMAN, RICHARD	NAME	
STREET ADDRESS	44 BURGUNDY A	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	BACUS, WILLIAM	NAME	
STREET ADDRESS	28 BURGUNDY A	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	KLENOFSKY, LIL	NAME	
STREET ADDRESS	19 BURGUNDY A	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	ELBER, LENNY	NAME	
STREET ADDRESS	31 BURGUNDY A	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, with all other like empowered.			
SIGNATURE: RICHARD S. HERMAN <i>Richard S. Herman</i>		Date: 13 Feb 08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	