

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Barbara H. Mathar  
Secretary of State  
Tallahassee, FL 32399-0400

FILED  
SECRETARY OF STATE  
OFFICE OF CORPORATIONS  
95 MAY -1 AM 11:46

DOCUMENT # **745868** (0)

**BURGUNDY L ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business		Mailing Address	
PRIME MANAGEMENT GROUP, INC 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487		PRIME MANAGEMENT GROUP, INC. 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	30
		25	29

3. Date Incorporated or Qualified	3a. Date of Last Report
02/07/1979	05/01/1994
4. FEI Number	Applied For
59-1924636	Not Applicable
5. Certificate of Status Desired	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
8. The corporation has liability for intangibles under S. 193.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RAIBLE, RONALD 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHREIBER, ROBERT	12 NAME	
STREET ADDRESS	KINGS PT. BURGUNDY L 537	13 STREET ADDRESS	
CITY, ST, ZIP	DELRAY BEACH FL 33484	14 CITY, ST, ZIP	
TITLE	V	17 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, DOROTHY	17 NAME	
STREET ADDRESS	KINGS PT. BURGUNDY L 540	17 STREET ADDRESS	Michael, Arthur
CITY, ST, ZIP	DELRAY BEACH FL 33484	17 CITY, ST, ZIP	575 Burgundy L Delray Bch, FL 33484
TITLE	S	18 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAVEN, ANN	18 NAME	
STREET ADDRESS	KINGS PT. BURGUNDY L 543	18 STREET ADDRESS	
CITY, ST, ZIP	DELRAY BEACH FL 33484	18 CITY, ST, ZIP	
TITLE	TD	19 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, NETTIE	19 NAME	
STREET ADDRESS	KINGS PT. BURGUNDY L 560	19 STREET ADDRESS	FD Levine Dorothy
CITY, ST, ZIP	DELRAY BEACH FL 33484	19 CITY, ST, ZIP	540 Burgundy L Delray Bch, FL 33484
TITLE	D	20 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMAN, BESS	20 NAME	
STREET ADDRESS	KINGS PT. BURGUNDY L 570	20 STREET ADDRESS	Deiner, Irvin
CITY, ST, ZIP	DELRAY BEACH FL 33484	20 CITY, ST, ZIP	534 Burgundy L Delray Bch, FL 33484
TITLE	D	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLANDER, SELMA	21 NAME	
STREET ADDRESS	KINGS PT. BURGUNDY L 571	21 STREET ADDRESS	Moss, Lester
CITY, ST, ZIP	DELRAY BEACH FL 33484	21 CITY, ST, ZIP	571 Burgundy L Delray Bch, FL 33484

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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 of this report, or on an attachment with an address.

SIGNATURE: Robert Schreiber ROBERT SCHREIBER 3/8/95 495-6745  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR