

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 745868 (0)  
1. Corporation Name  
**BURGUNDY L ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**PRIME MANAGEMENT GROUP, INC.**  
1051 SOUTH ROGERS CIRCLE  
BOCA RATON FL 33487

3. Date Incorporated or Qualified **02/07/1979** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

4. FEI Number **59-1924636** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**RAIBLE, RONALD**  
1051 SOUTH ROGERS CIRCLE  
BOCA RATON FL 33487

10. Name and Address of New Registered Agent  
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, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHREIBER, ROBERT	
STREET ADDRESS	KINGS PT. BURGUNDY L 537	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MICHEL, ARTHUR	
STREET ADDRESS	575 BURGUNDY L	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JAIVEN, ANN	
STREET ADDRESS	KINGS PT. BURGUNDY L 543	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEVINE, DOROTHY	
STREET ADDRESS	540 BURGUNDY L	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEINER, IRVIN	
STREET ADDRESS	539 BURGUNDY L	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GROSS, LESTER	
STREET ADDRESS	549 BURGUNDY L	
CITY-ST-ZIP	DELRAY BEACH FL	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SCHREIBER, ROBERT	
13 STREET ADDRESS	537 BURGUNDY L	
14 CITY-ST-ZIP	DELRAY BEACH FL	
21 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MICHEL, ARTHUR	
23 STREET ADDRESS	575 BURGUNDY L	
24 CITY-ST-ZIP	DELRAY BEACH FL	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	AGENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	RAIBLE, RONALD	
43 STREET ADDRESS	6300 PARK OF COMMERCE BLVD.	
44 CITY-ST-ZIP	BOCA RATON, FL 33487	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS	600001808156	
54 CITY-ST-ZIP	-05/06/96--01016--003	
61 TITLE	***857.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Arthur Michel* DATE: **3-28-96** DAYTIME PHONE: **9974045**

CR2E037 (12/95)