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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745868 (0)

1. Corporation Name
BURGUNDY L 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
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3. Date Incorporated or Qualified 02/07/1979	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 59-1924636		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

SWATT, MYRON
6300 PK OF COMMERCE BLVD
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 617.1506, 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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE V	<input checked="" type="checkbox"/> DELETE NAME: SCHREIBER, ROBERT STREET ADDRESS: 537 BURGUNDY L CITY-ST-ZIP: DELRAY BEACH FL 33484	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE P	<input checked="" type="checkbox"/> DELETE NAME: MICHEL, ARTHUR STREET ADDRESS: 575 BURGUNDY L CITY-ST-ZIP: DELRAY BCH FL	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME: <i>P Savien, Ann</i> 2.3 STREET ADDRESS: <i>637 Burgundy L</i> 2.4 CITY-ST-ZIP: <i>Delray Beach, FL</i>
TITLE SD	<input type="checkbox"/> DELETE NAME: GRONNER, EDNA STREET ADDRESS: 559 BURGUNDY L CITY-ST-ZIP: DELRAY BEACH FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE TD	<input type="checkbox"/> DELETE NAME: LEVINE, DOROTHY STREET ADDRESS: 540 BURGUNDY L CITY-ST-ZIP: DELRAY BEACH FL	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE D	<input checked="" type="checkbox"/> DELETE NAME: WEINER, IRVIN STREET ADDRESS: 539 BURGUNDY L CITY-ST-ZIP: DELRAY BEACH FL	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME: <i>LOH, Rhona</i> 5.3 STREET ADDRESS: <i>532 Burgundy L</i> 5.4 CITY-ST-ZIP: <i>Delray Beach FL</i>
TITLE D	<input type="checkbox"/> DELETE NAME: GROSS, LESTER STREET ADDRESS: 549 BURGUNDY L CITY-ST-ZIP: DELRAY BEACH FL	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: *[Signature]* SIGNATURE REQUIRED *[Signature]*

CF2E037 (10/97)