

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90017 029 ****61.25

DOCUMENT # 745868

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1924636

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWATT, MYRON
6300 PK OF COMMERCE BLVD
BOCA RATON FL 33487

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Delete
NAME	JAIVEN, ANN	
STREET ADDRESS	537 BURGUNDY L	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GRONNER, EDNA	
STREET ADDRESS	559 BURGUNDY L	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEVINE, DOROTHY	
STREET ADDRESS	540 BURGUNDY L	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	LOTT, RHONA	
STREET ADDRESS	532 BURGUNDY L	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GROSS, LESTER	
STREET ADDRESS	549 BURGUNDY L	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEISS, SAM	
STREET ADDRESS	529 BURGUNDY L	
CITY-ST-ZIP	DELRAY BEACH FL	

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jaiven, Ann	
STREET ADDRESS	543 Burgundy L	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gronner, Edna	
STREET ADDRESS	559 Burgundy L	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VAD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Weiner, martha	
STREET ADDRESS	539 Burgundy L	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hilowitz, Gloria	
STREET ADDRESS	555 Burgundy L	
CITY-ST-ZIP		

12. 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 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:

DocuSign REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01

Date

495-2546

Daytime Phone #

CR2E037 (10/00)