


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90105 049 ****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

40079552



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02242005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-1924636

Applied For
 Not Applicable

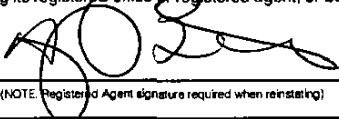
Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 SWATT, MYRON
 6300 PK OF COMMERCE BLVD
 BOCA RATON, FL 33487

7. Name and Address of New Registered Agent
 Name **BURGUNDY L ASSOCIATION**
 Street Address (P.O. Box Number is Not Acceptable)
ARNIE BERNSTEIN
6300 PARK OF COMMERCE BOULEVARD
 City **BOCA RATON** FL Zip Code **33487**

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 **ARNIE BERNSTEIN** 

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JAIVEN, ANN 543 BURGUNDY L DELRAY BCH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRONNER, EDNA 559 BURGUNDY L DELRAY BEACH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEVINE, DOROTHY 540 BURGUNDY L DELRAY BEACH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOTT, RHONA 532 BURGUNDY L DELRAY BEACH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WEINER, MARTHA 539 BURGUNDY L DELRAY BEACH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSS, SHIRLEY 549 BURGUNDY L DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **RHONA LOTT** **RHONA LOTT** **4/13/05**

Signature and typed or printed name of signing officer or director Date Daytime Phone #