

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 # 745987 (8)

1. Corporation Name

BURGUNDY F ASSOCIATION, INC.

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



3. Date incorporated or Qualified

02/16/1979

3a. Date of Last Report

05/01/1995

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

Zip

Country

24

25

29

30

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 taxes under s. 199.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHWARTZ, MARIAN
KINGS POINT, BURGUNDY F253
DELRAY BEACH FL 33484

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
P
LEVINE, EUGENE
STREET ADDRESS
KINGS PT. BURGUNDY F 264
CITY-ST-ZIP
DELRAY BEACH FL

TITLE ☐ DELETE

NAME
GERS
TEL, EMERIC
STREET ADDRESS
244 BURGUNDY F
CITY-ST-ZIP
DELRAY BEACH FL

TITLE ☐ DELETE

NAME
S
WERTMAN, RUTH
STREET ADDRESS
KINGS PT. BURGUNDY F 260
CITY-ST-ZIP
DELRAY BEACH FL

TITLE ☐ DELETE

NAME
TD
SCHWARTZ, MARIAN
STREET ADDRESS
KINGS PT. BURGUNDY F 253
CITY-ST-ZIP
DELRAY BEACH FL

TITLE ☐ DELETE

NAME
D
CUCE, THOMAS
STREET ADDRESS
262 BURGUNDY F
CITY-ST-ZIP
DELRAY BEACH FL

TITLE ☐ DELETE

NAME
D
BERMAN, JACK
STREET ADDRESS
KINGS PT. BURGUNDY F 259
CITY-ST-ZIP
DELRAY BEACH FL

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

AGENT

RAIBLE, RONALD
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487

V

GERSTEL, EMERIC
244 BURGUNDY F
DELRAY BEACH FL

100001808201
-05/06/96--01016--006
***857.50

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:

Eugene Levine
Eugene Levine
OFFICER OR DIRECTOR

3-28-96

Date

9974045-7

Daytime Phone #

CR2E037 (12/95)