


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

**FILED**  
**Apr 17 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 745987 (8)**  
 1. Corporation Name  
**BURGUNDY F ASSOCIATION, INC.**



Principal Place of Business		Mailing Address	
PRIME MANAGEMENT GROUP INC 6300 PK OF COMMERCE BLVD BOCA RATON FL 33487 US		PRIME MANAGEMENT GROUP INC. 6300 PK OF COMMERCE BLVD BOCA RATON FL 33487 US	
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

3. Date Incorporated or Qualified  
**02/16/1979**

4. FEI Number  
**59-1934122**

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**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **Myron Swatt**

82 Street Address (P.O. Box Number is Not Acceptable)  
**6300 park of commerce Blvd**

83

84 City **Boca Raton** **FL** 85 Zip Code **33487**

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 Statute 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: \_\_\_\_\_

NOTE: Registered Agent signatures required when reappointing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1998	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEVINE, EUGENE</b>	1.2 NAME	<b>CO Strom, Paul</b>
STREET ADDRESS	<b>KINGS PT. BURGUNDY F 264</b>	1.3 STREET ADDRESS	<b>255 Burgundy F</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	1.4 CITY-ST-ZIP	<b>Delray Beach, FL</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GERSTEL, EMERIC</b>	2.2 NAME	<b>CO Paul, Leonard</b>
STREET ADDRESS	<b>244 BURGUNDY F</b>	2.3 STREET ADDRESS	<b>257 Burgundy F</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	2.4 CITY-ST-ZIP	<b>Delray Beach, FL</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WERTMAN, RUTH</b>	3.2 NAME	
STREET ADDRESS	<b>KINGS PT. BURGUNDY F 260</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWARTZ, MARIAN</b>	4.2 NAME	
STREET ADDRESS	<b>KINGS PT. BURGUNDY F 253</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CUCE, THOMAS</b>	5.2 NAME	
STREET ADDRESS	<b>262 BURGUNDY F</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERMAN, JACK</b>	6.2 NAME	
STREET ADDRESS	<b>KINGS PT. BURGUNDY F 259</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	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 in an attachment with an address.

SIGNATURE: *[Signature]* 3/11/98

CR2E037 (10/97)