FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:46

DOCUMENT # **745867** **(2)**

1. Corporation Name

BURGUNDY I ASSOCIATION, INC.

Principal Place of Business

PRIME MANAGEMENT GROUP, INC
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

Mailing Address

PRIME MANAGEMENT GROUP, INC.
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/07/1979**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1920759** — Applied For / Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 — Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 — Country — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PULIK, HARRY
KINGS PT. BURGUNDY I
APARTMENT 388
DELRAY BEACH FL 33484

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name, if registered agent and title if applicable) INOTE: Registered Agent signature required when resigning. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	PULIK, HARRY	1.2 NAME	
STREET ADDRESS	KINGS PT. BURGUNDY I 388	1.3 STREET ADDRESS	
CITY, ST, ZIP	DELRAY BEACH FL	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BOWERS, IRVING	2.2 NAME	
STREET ADDRESS	KINGS PT. BURGUNDY I 390	2.3 STREET ADDRESS	
CITY, ST, ZIP	DELRAY BEACH FL 33484	2.4 CITY, ST, ZIP	
TITLE	S/D	3.1 TITLE	☐ Change ☐ Addition
NAME	HAHN, LUCILLE	3.2 NAME	
STREET ADDRESS	KINGS PT. BURGUNDY I 410	3.3 STREET ADDRESS	
CITY, ST, ZIP	DELRAY BEACH FL	3.4 CITY, ST, ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	ROSENBURG, ABE	4.2 NAME	
STREET ADDRESS	KINGS PT. BURGUNDY I 391	4.3 STREET ADDRESS	
CITY, ST, ZIP	DELRAY BEACH FL	4.4 CITY, ST, ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ROSS, AL	5.2 NAME	
STREET ADDRESS	KINGS PT. BURGUNDY I 430	5.3 STREET ADDRESS	
CITY, ST, ZIP	DELRAY BEACH FL	5.4 CITY, ST, ZIP	
TITLE	VP	6.1 TITLE	☐ Change ☐ Addition
NAME	ABOLSKY, JACK	6.2 NAME	
STREET ADDRESS	KINGS PT. BURGUNDY I 422	6.3 STREET ADDRESS	
CITY, ST, ZIP	DELRAY BEACH FL 33484	6.4 CITY, ST, ZIP	

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: Harry Pulik HARRY PULIK 3-8-95 499-2676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Chapter or Phone #

0013636