FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

745343

(4)

BURGUNDY O ASSOCIATION, INC.

Principal Place	of Rusiness	Mailing Address					10 011 010 01 01 01 1 1 1 1 1 1 1 1 1 1			
,		•			1					
PRIME MANAGE	INC.		1							
1051 SOUTH ROGERS CIRCLE 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487 BOCA RATON FL 33487-2816			•		1.					
BOCA RATON FL 33487 BOCA RATON FL 33487-2816						3. Date incorporated or Qualified			e of Last R	
						12/2	2/1978	. ()5/01/199	36
2. Principal Pl	acr	2a. Mailing Address				4. FEI Numb			Ap	plied For
21	_ Bos					_ 59-1	919181		No	t Applicable
Suite, Apt.	# SSAME MGM	II. GOOMA				F Certificate	of Status Desired		\$8.75	
22	BOCA PRK	OF COMMENING.				o. Commont	O Clara Dosica		Fee Re	quired
City & State	- · · · · · · · · · · · · · · · · · · ·	TI.GROUP. INC. OF COMMERCE BLVD N. FL.33487		·	ľ		ampaign Financing	_	\$5.00	May Be
23		07					d Contribution		Added t	
Zip	Country	r ,			ŀ		oration has liability for			. 199.032,
24]	[25]	29		· 		Florida St			No	
<u> </u>	9. Name and Address of C	Jurrent Registered Agent		NI		10. Name an	d Address of New Re	QISTOTOG A	gent	
			61	Nar						}
RAIBLE, RONALD					SWAT	IT, MYE	ON	5 1 1.15		
1051 S. ROGERS CIRCLE					630 0) PK_DF	COMMERCE L FL 334	BLAD		
BOCA R	ATON FL 33487		83		BUUF	RATON	i, FL 334	3) T		
			84	City			* * * * * * * * * * * * * * * * * * * *		Section 2	
			1					<u> </u>	1 L	
11. Pursuant t	to the provisions of Sections 6	17.050 and 617.1508, Florida Statutes, o State of Plorida Such change was auth o obligations of, Section 617.0503, Florid	the above	-name	d corpora	ation submits	this statement for the process	ourpose of	changing It	s registered
agent. La	m familiar with, ar correction	obligations of Section 617.0503, Florid	la Statute	7 10 10 CO 3.	r polation	18 DOBIG OF GE	rectors, i horeby acce	pr ine appo	ili ili ili ili as	tefligreten.
SIGNATURE	/ <i>[[] []</i>	M						8111	10)
	Signature, yped or plined prine of registe		egistered Ag	nt signatu	re required	when reinstating)		1911	7	
12.	OFFICER		13.			ADDITION	S/CHANGES TO OFFIC	CEAS AND		
TITLE	T L	DELETE	1.1 FITLE		-				Change	Addition
NAME	BIRNHOJZ, JUNE		1.2 NAME							
STREET ADDRESS			1.3 STREET ADDRESS		;]					
CITY-ST-ZIP			1.4 CITY-5	T-ZIP		····	·····			
TITLE	_D DELETE		2.1 TITLE						Change	Addition
NAME	LIEBREICH, IDA		2.2 NAME		Į					
STREET ADDRESS	718 BURGUNDY O		2.3 STREET ADDRESS		;					
CITY-ST-ZIP	DELRAY BCH FL		2. 4 CITY-	ST-ZIP	.	r				
TITLE	\$ DELETE		3.1 TITLE				:	;	Change	Addition
NAME	HALPERN, TERRY		3.2 NAME							
STREET ADDRESS	KINGS PT. BURGUNDY O 679		3.3 STREET ADDRESS		;]		•			
CITY - ST - ZIP	DELRAY BEACH FL 334	84	3.4. CITY-	ST-ZIP	1				<u>a</u>	
TITLE	٧	☐ DELETE	4.1 TITLE	$\sqrt{\rho}$	$\mid m$	euer 5	Silber	Z4	Change	Addition
NAME	FULLENBAUM,			4.2 NAME		ay Pr	irgundyo			•
STREET ADDRESS	687 BURGUNDY O			4.3 STREET ADDRESS		17	2 71			
CITY-ST-ZIP	DELRAY BCH FL		4.4 CITY-5	T-21P	Ju	may 1	Beach Kla	. ' \		
TITLE		DELETE	5.1 TITLE	PIT	1	(, ()() , (B1/00/	4	Change	Addition
NAME	SILBER, FRANCES		5.2 NAME		177	ما ارتم		` `	•	
STREET ADDRESS	694 BURGUNDY O	1	5.3 STREET	ADDRESS	: Q	44 0	TAROL MAC	01 .		
CITY-ST-ZIP	DELRAY BEACH FL		5.4 City-3	T-ZIP	$\perp 0$	erau	Black	ug		
TITLE	D	☐ DELETE	6.1 TITLE			J			Change	Addition
NAME	LEVINE, MURRAY		6.2 NAME		1		4			
STREET ADDRESS	714 BURGUNDY O		6.3 STREE	ADDRESS	;					
CITY+ST-ZIP	DELRAY BEACH FL		6.4 CITY - 5							
14. I do heret	by certify that the information su	upplied with this filing does not qualify for	or the exe	mption	stated in	Section 119.	07(3)(i), Florida Statute	s. 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.										
SIGNAT	TIDE. July		"			3/12/0	7	499-	4512	
SIGIVAI	UNE.	LOCK OF A REST OF A COMMENT OF	# # 4 M.C.				~ / / /	<u></u>	dina Chana A	