

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90230 001 *4,226.25

DOCUMENT # 743710

1. Entity Name
 BURGUNDY P ASSOCIATION, INC.



Principal Place of Business
 PRIME MANAGEMENT GROUP INC,
 6300 PARK OF COMMERCE BLVD
 BOCA RATON, FL 33487

Mailing Address
 PRIME MANAGEMENT GROUP INC,
 6300 PARK OF COMMERCE BLVD
 BOCA RATON, FL 33487

00410000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
 59-1880550

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWATT, MYRON
 6300 PARK OF COMMERCE BLVD
 BOCA RATON, FL 33487

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

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, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD Delete
 NAME KAPLAN, DOROTHY R.
 STREET ADDRESS 726 BURGUNDY P
 CITY-ST-ZIP DELRAY BEACH, FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD Delete
 NAME KAPLAN, HOWARD
 STREET ADDRESS 760 BURGUNDY P
 CITY-ST-ZIP DELRAY BEACH, FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME KLEIN, FRANCES
 STREET ADDRESS 751 BURGUNDY P
 CITY-ST-ZIP DELRAY BEACH, FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME GILMAN, IDA
 STREET ADDRESS 723 BURGUNDY P
 CITY-ST-ZIP DELRAY BEACH, FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME KRITZER, HERB
 STREET ADDRESS 763 BURGUNDY P
 CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME WECHSLER, ARCHIE
 STREET ADDRESS 730 BURGUNDY P
 CITY-ST-ZIP DELRAY BEACH, FL

TITLE Change Addition
 NAME *D Wesley Archie*
 STREET ADDRESS *730 Burgundy P*
 CITY-ST-ZIP *Delray Beach, FL 33484*

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/04