


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90104 003 \*\*\*\*61.25

**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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

10010030

(743710=====N)

02242005 Chg-NP CR2E037 (10/03)

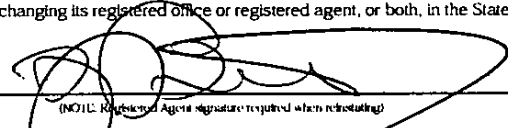
4. FEI Number  
**59-1880550** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SWATT, MYRON  
 6300 PARK OF COMMERCE BLVD  
 BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent  
 Name **BURGUNDY P ASSOCIATION, INC.**  
 Street Address (P.O. Box Number is NOT Acceptable)  
**ARNIE BERNSTEIN  
 6300 PARK OF COMMERCE BOULEVARD**  
 City **BOCA RATON** FL Zip Code **33487**

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 **ARNIE BERNSTEIN**  DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KAPLAN, DOROTHY R. 726 BURGUNDY P DELRAY BEACH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAPLAN, HOWARD 760 BURGUNDY P DELRAY BEACH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLEIN, FRANCES 751 BURGUNDY P DELRAY BEACH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILMAN, IDA 723 BURGUNDY P DELRAY BEACH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRITZER, HERB 763 BURGUNDY P DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESLER, ARCHIE 730 BURGUNDY P DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Herb Kritzer** 4/13/05 56-637-9918  
Signature and typed or printed name of signing officer or director Date Daytime Phone #