2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90105 042 ****61.25

DOCUMENT # 744901

1. Entity Name
BURGUNDY E 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

04122005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1909210 — Applied For / Not Applicable

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: BURGUNDY E 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
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, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	☒ Delete	TITLE	TD	☐ Change ☒ Addition
NAME	BROTZ, GERTRUDE		NAME	PASROFF, Shirley	
STREET ADDRESS	216 BURGUNDY E		STREET ADDRESS	230 Burgundy E	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	D	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	STRAUSS, NORMAN		NAME	Spiegel, Ray	
STREET ADDRESS	234 BURGUNDY E		STREET ADDRESS	236 Burgundy E	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	OAKLANDER, HENRY		NAME		
STREET ADDRESS	209 BURGUNDY E		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	PSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LEAVITT, CHESTER		NAME		
STREET ADDRESS	211 BURGUNDY E		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	CARDENAS, JOHN		NAME	Wander, Marilyn	
STREET ADDRESS	232 BURGUNDY E		STREET ADDRESS	237 Burgundy E	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	D	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	SCHECHTER, HERBERT		NAME	BROTZ, BERT	
STREET ADDRESS	215 BURGUNDY E		STREET ADDRESS	216 Burgundy E	
CITY-ST-ZIP	DELRAY BEACH, FL		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: Chester Leavitt 4-13-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #