## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Aug 30, 2006 8:00 am Secretary of State

DOCUMENT # 745867  1. Entity Name BURGUNDY I ASSOCIATION, INC.										08-30	)-2006 !	90003 0	16 ****61	.25
PRIME MANAGEMENT GROUP, INC. P 6300 PRK OF COMMERCE BLVD 6				Mailing Address PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON, FL 33487 US					1110411601	SIDE! DINSI	1811 <b>1 8</b> 1181 181		[  <b>                                   </b>	FNI <b>di d</b> ë <b>ide</b> i
2. Principal Place of Business 3				3. Mailing Address				i .						
Suite, Apt. #, etc.			Suite, Apt. #, etc.					07	272006	Chg-N	<b>I</b> P	CR2E	E037 (4/06)	
City & State			City & State				4. FEI Numb 59-192					·	<del> </del>	pplied For ot Applicable
·Zip	Country		Zip		Cou	Country		5.	Certificate	of Status	Desired		\$8.75 Ad Fee Require	
6. Name and Address of Current Regi				ed Agent	Name	7. Name and Address of New Registered Agent								
BERNSTEIN, ARNIE 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487						Street Address (P.O. Box Number is Not Acceptable)								
						City						F	Zip Cod	ie
	named entitions of regist	y submits this statement fo tered agent.	r the purp	oose of changing its	registere	ed office o	r register	red ag	jent, or bo	th, in the	State of FI	orida. Lar	n familiar with	, and accept
SIGNATURE.	Signature, typed	for printed name of registered agent	and title if app	plicable. (NOT	E: Registered	d Agent signat	ture required	when r	einstating)			DATE		<del></del>
Filing Fee is \$61.25  Due by September 6, 2006  9. Election Campaign F Trust Fund Contribut						-			00 May E	e e			ck payable sartment of S	
10.		OFFICERS AND DI	RECTORS		11.		,	ADDIT	IONS/CH	ANGES T	O OFFICE	ERS AND (	DIRECTORS II	V 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	388 BUR	ERG, MADELINE R GUNDY I BEACH, FL 33484		Delete			Pal Pal	200 1 2 1	z han	e ndy I	: . 334	eJ	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KERN, RO 429 BURO DELRAY			☐ Delete	R .				<del>, ~~~</del>	<del>01 -</del>			☐ Change	■ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAPPAN, 418 BUR DELRAY			Delete			P IST 418 Doly	ou ou	Kage Suiju Bea	indy I Rolf	-	84 	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, S' 298 BUR DELRAY			☐ Delete									☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTER 420 BUR DELRAY	,		☐ Delete									☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIAMONI 424 BUR DELRAY	=		☐ Delete									☐ Change	Addition
indicated of the cor	l on this repo rporation or t	e information supplied with it or supplemental report is the receiver or trustee emp achment with an address.	s true and owered to	accurate and that in execute this report	my signat t as requii	turo chall t	naus the	same 7, Flor	lecal offer	et as if ma es; and th	ade under at my nan	nath: Ihat	Lam an office	r or director