
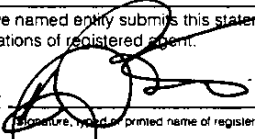
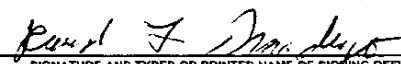


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90182 014 \*\*\*\*61.25

<b>DOCUMENT # 744902</b> 1. Entity Name <b>BURGUNDY K ASSOCIATION, INC.</b>					
Principal Place of Business <b>PRIME MANAGEMENT GROUP, INC.</b> <b>6300 PK OF COMMERCE BLVD</b> <b>BOCA RATON, FL 33487 US</b>			Mailing Address <b>PRIME MANAGEMENT GROUP, INC.</b> <b>6300 PRK OF COMMERCE BLVD</b> <b>BOCA RATON, FL 33487 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		01292007 Chg-NP		CR2E037 (12/06)	
4. FEI Number <b>59-1903176</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BERNSTEIN, ARNIE 6300 PRK OF COMMERCE BLVD BOCA RATON, FL 33487			Name <b>Burgundy K</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>6300 Park of Commerce Blvd</b>		
			City <b>Boca Raton</b> FL Zip Code <b>33487</b>		
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  (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADRAZO, LOU 509 BURGUNDY K DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RISTIANO, CONNIE 505 BURGUNDY K DELRAY BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARKAS, KARL BURGUNDY K DELRAY BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MADRAZO, PAT 509 BURGUNDY K DELRAY BEACH, FL <input type="checkbox"/> Delete	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"/> Delete	TITLE <b>S</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
		<b>HASKIN, EDE</b> <b>516 BURGUNDY K</b> <b>DELRAY Beach, FL 33484</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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:  4/2/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					