


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-13-2007 90182 018 ****61.25

DOCUMENT # 745343 1. Entity Name BURGUNDY O ASSOCIATION, INC.					
Principal Place of Business PRIME MANAGEMENT GROUP INC. 6300 PRK OF COMMERCE BLVD BOCA RATON, FL 33487 US			Mailing Address PRIME MANAGEMENT GROUP INC. 6300 PRK OF COMMERCE BLVD BOCA RATON, FL 33487 US		
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		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERSTEIN, ARNIE 6300 PK OF COMMERCE BLVD BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name <u>Burgundy O</u> Street Address (P.O. Box Number is Not Acceptable) <u>6300 Park of Commerce Blvd</u> City <u>Boca Raton</u> FL Zip Code <u>33487</u>		
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 <u>[Signature]</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	S BIRNHOLZ, JUNE 678 BURGUNDY O DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEVINE, ESTHER 714 BURGUNDY O 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	T LEVINE, MORRIS 714 BURGUNDY O DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LESLIE, ESTHER 690 BURGUNDY O DELRAY BEACH, FL <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, STANLEY 707 BURGUNDY O DELRAY BCH, 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	S SOSNICK, PAUL 706 BURGUNDY O DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARL, ROCHELLE 691 BURGUNDY O DELRAY BEACH, FL 33484	<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: <u>Esther Leslie</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3-22-07</u> <small>Daytime Phone #</small>		

40060259



01292007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1919181

Applied For
Not Applicable

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

Filing Fee is \$61.25
Due by May 1, 2007

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	Delete
STREET ADDRESS	BIRNHOLZ, JUNE	<input type="checkbox"/>
CITY-ST-ZIP	678 BURGUNDY O	
	DELRAY BEACH, FL 33484	
TITLE	VPD	<input type="checkbox"/>
NAME	LEVINE, ESTHER	
STREET ADDRESS	714 BURGUNDY O	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	T	<input checked="" type="checkbox"/>
NAME	LEVINE, MORRIS	
STREET ADDRESS	714 BURGUNDY O	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	PD	<input type="checkbox"/>
NAME	COHEN, STANLEY	
STREET ADDRESS	707 BURGUNDY O	
CITY-ST-ZIP	DELRAY BCH, FL	
TITLE	S	<input type="checkbox"/>
NAME	SOSNICK, PAUL	
STREET ADDRESS	706 BURGUNDY O	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	D	<input type="checkbox"/>
NAME	PEARL, ROCHELLE	
STREET ADDRESS	691 BURGUNDY O	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	Delete
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CITY-ST-ZIP	678 BURGUNDY O	
	DELRAY BEACH, FL 33484	
TITLE	VPD	<input type="checkbox"/>
NAME	LEVINE, ESTHER	
STREET ADDRESS	714 BURGUNDY O	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	T	<input checked="" type="checkbox"/>
NAME	LEVINE, MORRIS	
STREET ADDRESS	714 BURGUNDY O	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	PD	<input type="checkbox"/>
NAME	COHEN, STANLEY	
STREET ADDRESS	707 BURGUNDY O	
CITY-ST-ZIP	DELRAY BCH, FL	
TITLE	S	<input type="checkbox"/>
NAME	SOSNICK, PAUL	
STREET ADDRESS	706 BURGUNDY O	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	D	<input type="checkbox"/>
NAME	PEARL, ROCHELLE	
STREET ADDRESS	691 BURGUNDY O	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	

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SIGNATURE: Esther Leslie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-22-07
Daytime Phone #