


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90019 012 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BURGUNDY P 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ DATE _____ <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, 2008		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	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, DOROTHY R.			NAME	
STREET ADDRESS	726 BURGUNDY P			STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, HOWARD			NAME	
STREET ADDRESS	760 BURGUNDY P			STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, FRANCES			NAME	
STREET ADDRESS	751 BURGUNDY P			STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMAN, IDA			NAME	
STREET ADDRESS	723 BURGUNDY P			STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRITZER, HERB			NAME	
STREET ADDRESS	763 BURGUNDY P			STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33484			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATOS, ANGEL			NAME	
STREET ADDRESS	744 BURGUNDY P			STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33484			CITY-ST-ZIP	
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: <i>Howard Kaplan</i>				Date: <i>2/13/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

