

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

05-16-2003 90177 017 \*\*\*\*61.25

0042427

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1880550**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



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

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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	VPD	<input type="checkbox"/> Delete
NAME	KAPLAN, DOROTHY R.	
STREET ADDRESS	726 BURGUNDY P	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KAPLAN, HOWARD	
STREET ADDRESS	760 BURGUNDY P	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KLEIN, FRANCES	
STREET ADDRESS	751 BURGUNDY P	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GILMAN, IDA	
STREET ADDRESS	723 BURGUNDY P	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TELPINSTERIN, HARRIET	
STREET ADDRESS	721 BURGUNDY P	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WECHSLER, ARCHIE	
STREET ADDRESS	730 BURGUNDY P	
CITY-ST-ZIP	DELRAY BEACH FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Herb Kritzer	
STREET ADDRESS	763 Burgundy P	
CITY-ST-ZIP	Delray Beach, FL 33464	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Aronson	
STREET ADDRESS	752 Burgundy P	
CITY-ST-ZIP	Delray Beach FL 33484	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Howard Kaplan*

3/24/03 \$61.25

CR2E037 (10/02)