above, or on an attachment with all other like empowered.

SIGNATURE: HERBERT SCHECHTER

DIRECTOR

OSBORNE, MARION

FIRSTSERVICE RESIDENTIAL 6300 PARK OF COMMERCE BLVD

BOCA RATON FL 33487

Address	6300 PARK OF COMMERCE BLVD	Address	6300 PARK OF COMMERCE BLVD
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487
Title	TREASURER	Title	SECRETARY
Name	GOODMAN, LEO	Name	MIRANDA, MARY
Address	FIRSTSERVICE RESIDENTIAL 6300 PARK OF COMMERCE BLVD	Address	FIRST SERVICE RESIDENTIAL 6300 PARK OF COMMERCE BLVD
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487
Title	DIRECTOR	Title	DIRECTOR
Name	SPIEGAL, RAY	Name	TAVEL, RONALD
Address	FIRSTSERVICE RESIDENTIAL 6300 PARK OF COMMERCE BLVD	Address	FIRSTSERVICE RESIDENTIAL 6300 PARK OF COMMERCE BLVD
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487

#### Name and Address of Current Registered Agent:

SKRLD, INC. 201 ALHAMBRA CIRCLE - 11TH FLOOR CORAL GABLES, FL 33134 US

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.

Title

Name

Address

PRESIDENT

SCHECHTER, HERBERT

FIRST SERVICE RESIDENTIAL

SIGNATURE:

Title

Title

Name Address

City-State-Zip:

Name

Address

Electronic Signature of Registered Agent

### **Officer/Director Detail :**

VP

MANHEIM, MICHAEL

FIRSTSERVICE RESIDENTIAL

# FIRSTSERVICE RESIDENTIAL

# 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# 744901

Entity Name: BURGUNDY E ASSOCIATION, INC.

### **Current Principal Place of Business:**

FIRST SERVICE RESIDENTIAL 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487

#### **Current Mailing Address:**

6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US

## FEI Number: 59-1909210

# 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 PRESIDENT

Electronic Signature of Signing Officer/Director Detail

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under

## FILED Feb 16, 2022 Secretary of State 2757627058CC

Certificate of Status Desired: No

Date