

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745343

Entity Name: BURGUNDY O ASSOCIATION, INC.**Current Principal Place of Business:**FIRST SERVICE RESIDENTIAL
6300 PRK OF COMMERCE BLVD
BOCA RATON, FL 33487**Current Mailing Address:**FIRST SERVICE RESIDENTIAL
6300 PRK OF COMMERCE BLVD
BOCA RATON, FL 33487 US**FEI Number:** 59-1919181**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKRLD, INC.
1655 PALM BEACH LAKES BLVD
C-500
W. PALM BEACH, FL 33401 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.***SIGNATURE:** LAURA M MANNING-HUDSON

03/27/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name COHEN, STANLEY
Address 707 BURGUNDY O
City-State-Zip: DELRAY BEACH FL 33484

Title TREA
Name LESLIE, ESTHER
Address 690 BURGUNDY O
City-State-Zip: DELRAY BEACH FL 33484

Title VP
Name PEARL, HAROLD
Address 692 BURGUNDY O
City-State-Zip: DELRAY BCH FL 33484

Title DIRECTOR
Name SPECTOR, GEORGE
Address 681 BURGUNDY O
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR
Name SALINGER, MICHAEL
Address 715 BURGUNDY O
City-State-Zip: DELRAY BEACH FL 33484

Title SECRETARY
Name FOLTZ, JUDY
Address 710 BURGUNDY O
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR
Name OSBORNE, REGINALD
Address 688 BURGUNDY O
City-State-Zip: DELRAY BEACH FL 33484

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

SIGNATURE: STANLEY COHEN

PRES.

03/27/2015

Electronic Signature of Signing Officer/Director Detail

Date