

**2017 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

01/18/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SALINGER, MICHAEL  
Address        715 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            YAMENFELD, HOWARD  
Address        710 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            COHEN, STANLEY  
Address        707 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:** MICHAEL SALINGER

PRESIDENT

01/18/2017

Electronic Signature of Signing Officer/Director Detail

Date