

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742969 (9)
1. Corporation Name
BURGUNDY UNIT TWO ASSOCIATION, INC.



Principal Place of Business: 4505 3RD STREET CIRCLE W. #271 BRADENTON FL 34207
Mailing Address: 4505 3RD STREET CIRCLE W. #271 BRADENTON FL 34207

3. Date Incorporated or Qualified: 05/23/1978
3a. Date of Last Report: 02/22/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2115954	Applied For: Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

BECKSON BUSINESS SYSTEMS, INC.
3401 EL CONQUISTADOR PKWY.
BRADENTON FL 34210

81. Name: Patrick Snyder
82. Street Address (P.O. Box Number is Not Acceptable):
83.
84. City: FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title, if applicable. (Print signature required when reinstating)

12. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: SNYDER, FREDERICK W.	1.3 STRL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4512 3RD ST. CR., W.#318	CITY-ST-ZIP: BRADENTON FL	1.4 CITY-ST-ZIP	
TITLE: VPCE	NAME: CALTON, OTIS B.	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 4504 3RD ST CIRCLE W #450	CITY-ST-ZIP: BRADENTON FL	2.2 NAME	
TITLE: T	NAME: CHANDLER, DAVID A.	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 3115 65TH ST	CITY-ST-ZIP: BRADENTON FL	2.4 CITY-ST-ZIP	
TITLE: DS	NAME: BEADLE, MARJORIE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 4508 3RD ST. CIR. WEST #509	CITY-ST-ZIP: BRADENTON FL 34207	3.2 NAME	
TITLE: AS	NAME: LOPE, PATRICK	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2615 HERRON LANE	CITY-ST-ZIP: GLENSHAW PA	3.4 CITY-ST-ZIP	
TITLE:	NAME:	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME	
TITLE:	NAME:	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP	
TITLE:	NAME:	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME	
TITLE:	NAME:	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP	
TITLE:	NAME:	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME	
TITLE:	NAME:	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP	

Signature: Patrick Snyder

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 unchanged, or as an attachment with an address.

SIGNATURE: _____ DATE: 4/9/96 DAYTIME PHONE #: 941-753-1937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)