


APPROVED
 99 MAR 22 PM 12:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

0006131

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 742969		
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	



21	2. Principal Place of Business	26	2a. Mailing Address	3.	Date Incorporated or Qualified 05/23/1978
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4.	FEI Number 59-2115954
23	City & State	28	City & State	5.	Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	30	Country		

9. Name and Address of Current Registered Agent AAA BOOKKEEPING 4303 1 ST 200 BRADENTON FL 34208				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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11. Pursuant to the provisions of Sections 817.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, FREDERICK W. - President	1.2 NAME	
STREET ADDRESS	4512 3RD ST. CR., W, #318	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	
TITLE	VPCE <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CADLE, MARY R Vice President	2.2 NAME	
STREET ADDRESS	5760 BEE RIDGE RD EXIT	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOVER, LEE Treasurer	3.2 NAME	
STREET ADDRESS	4510 3 ST CR W, 511	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEADLE, MARJORIE Secretary	4.2 NAME	
STREET ADDRESS	4508 3RD ST. CR. WEST #509	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34207	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mohammad T. Farakish Member	5.2 NAME	
STREET ADDRESS	3rd St. Circle W. at Large	5.3 STREET ADDRESS	
CITY-ST-ZIP	Bradenton, FL 34207	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E037 (11/98)