
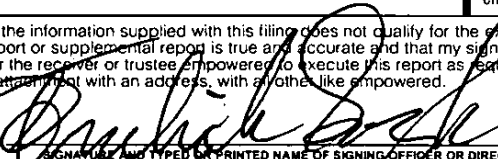


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90035 025 ****61.25

DOCUMENT # 742969			
1. Entity 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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		01192006 Chg-NP CR2E037 (11/05)	
		4. FEI Number 59-2115954	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BECKER & POLIAKOFF, P.A. 630 SOUTH ORANGE AVE, 3RD FLOOR SARASOTA, FL 34236		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, FREDERICK W.	NAME	
STREET ADDRESS	4512 3RD ST. CR., W.#318	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34207	CITY-ST-ZIP	
TITLE	TRES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABELLA, WALTER	NAME	
STREET ADDRESS	607 60TH ST NW	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34209	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, CRAIG	NAME	
STREET ADDRESS	4505 3RD STREET CIRCLE W. #271	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34207	CITY-ST-ZIP	
TITLE	VPCO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, MURRAY	NAME	
STREET ADDRESS	4505 3RD STREET CIRCLE W. #271	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34207	CITY-ST-ZIP	
TITLE	NAL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARAKISH, MOHAMMAD	NAME	
STREET ADDRESS	370 G3 LAKES LANE	STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34292	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another, like empowered.			
SIGNATURE: 		Date: 2/8/06 (941) 753-1964	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	