

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90104 003 \*\*\*\*61.25

<b>DOCUMENT # 743710</b> 1. Entity Name <b>BURGUNDY P ASSOCIATION, INC.</b>					
Principal Place of Business <b>PRIME MANAGEMENT GROUP INC, 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487</b>			Mailing Address <b>PRIME MANAGEMENT GROUP INC, 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487</b>		
2. Principal Place of Business		3. Mailing Address		<div style="font-size: 1.2em; font-weight: bold;">(743710=====N)</div> <div style="margin-top: 10px;">02242005    Chg-NP    CR2E037 (10/03)</div> <div style="margin-top: 10px;">4. FEI Number <b>59-1880550</b></div> <div style="margin-top: 10px;">5. Certificate of Status Desired    <input type="checkbox"/>    <b>\$8.75 Additional Fee Required</b></div>	
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SWATT, MYRON 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487</b>				Name <b>BURGUNDY P ASSOCIATION, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>ARNIE BERNSTEIN</b> <b>6300 PARK OF COMMERCE BOULEVARD</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33487</b>	
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 <b>ARNIE BERNSTEIN</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KAPLAN, DOROTHY R. 726 BURGUNDY P DELRAY BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAPLAN, HOWARD 760 BURGUNDY P DELRAY BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLEIN, FRANCES 751 BURGUNDY P DELRAY BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILMAN, IDA 723 BURGUNDY P DELRAY BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRITZER, HERB 763 BURGUNDY P DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESLER, ARCHIE 730 BURGUNDY P DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.					
SIGNATURE: <b>Herb Kritzer</b> 4/13/05    56-637-9918 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					