
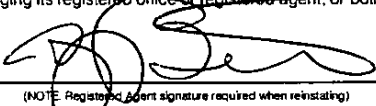


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-03-2005 90104 004 ****61.25

DOCUMENT # 743711					
1. Entity Name BURGUNDY Q ASSOCIATION, INC.					
Principal Place of Business PRIME MANAGEMENT GROUP INC. 6300 PK OF COMMERCE BLVD BOCA RATON, FL 33487 US			Mailing Address PRIME MANAGEMENT GROUP INC. 6300 PK OF COMMERCE BLVD BOCA RATON, FL 33487 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1877792	
				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		
SWATT, MYRON 6300 PK OF COMMERCE BLVD BOCA RATON, FL 33487			Name <u>BURGUNDY Q ASSOCIATION INC.</u>		
			Street Address (P.O. Box Number is not Acceptable) <u>ARNIE BERNSTEIN</u>		
			<u>6300 PARK OF COMMERCE BOULEVARD</u>		
			City <u>BOCA RATON</u>		FL Zip Code <u>33487</u>
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 <u>ARNIE BERNSTEIN</u> 					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD	<input type="checkbox"/> Delete	TITLE	VICE PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEISS, LILA		NAME	MARVIN BENNETT	
STREET ADDRESS	809 BURGUNDY Q		STREET ADDRESS	812 BURGUNDY Q	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEILSTOCK, SEYMOUR		NAME	DONNENBERG, MILTON	
STREET ADDRESS	770 BURGUNDY Q		STREET ADDRESS	769 BURGUNDY Q	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIEBER, DORIS		NAME		
STREET ADDRESS	777 BURGUNDY Q		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONNENBERG, MILTON		NAME	Weiss, LILA	
STREET ADDRESS	769 BURGUNDY Q		STREET ADDRESS	809 BURGUNDY Q	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEIDER, BEA		NAME	Oriel, Miriam	
STREET ADDRESS	785 BURGUNDY Q		STREET ADDRESS	306 BURGUNDY Q	
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, HENRY		NAME		
STREET ADDRESS	813 BURGUNDY Q		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
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: <u>Marvin Bennett</u>			Date <u>03/17/05</u> Day/Time Phone # <u>561-498-9813</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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