


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2006 8:00 am
Secretary of State

08-30-2006 90004 010 ****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	07272006 Chg-NP CR2E037 (4/06) 4. FEI Number 59-1877792 Applied For Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BURGUNDY & ASSOCIATION, INC. ARNIE NERNSTEIN 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by September 6, 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	PD	<input type="checkbox"/> Delete	TITLE	B	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WEISS, LILA		NAME	Zelda Zah			
STREET ADDRESS	809 BURGUNDY Q		STREET ADDRESS	811 Burgundy Q			
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	Delray Beach, FL 33484			
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BENNETT, MARVIN		NAME	A. Sorcher			
STREET ADDRESS	812 BURGUNDY Q		STREET ADDRESS	800 Burgundy Q			
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	Delray Beach FL 33484			
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BIEBER, DORIS		NAME	Sylvia Cohen			
STREET ADDRESS	777 BURGUNDY Q		STREET ADDRESS	771 Burgundy Q			
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	Delray Beach, FL 33484			
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEISS, LILA		NAME				
STREET ADDRESS	809 BURGUNDY Q		STREET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DONNENBERG, MILTON		NAME				
STREET ADDRESS	769 BURGUNDY Q		STREET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP				
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 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 all other like empowered.							
SIGNATURE: <i>Henry Levine</i>							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date			
				Daytime Phone #			