## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Mar 28, 2008 8:00 am **Secretary of State DOCUMENT #743711** 03-28-2008 90019 013 \*\*\*\*61.25 1. Entity Name BURGUNDY Q ASSOCIATION, INC. Principal Place of Business Mailing Address PRIME MANAGEMENT GROUP INC. PRIME MANAGEMENT GROUP INC. 6300 PK OF COMMERCE BLVD 6300 PK OF COMMERCE BLVD BOCA RATON, FL 33487 BOCA RATON, FL 33487 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01222008 Cha-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 59-1877792 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BURGUNDY Q** 6300 PARK OF COMMERCE BLVD. Street Address (P.O. Box Number is Not Acceptable) BOCA RATON, FL 33487 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. PD Delete TITLE TITLE Addition ☐ Change NAME WEISS, LILA 809 BURGUNDY Q STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 CITY-ST-ZIP VP. TITLE Delete TITLE ☐ Change ☐ Addition BENNETT, MARVIN NAME NAME 812 BURGUNDY Q STREET ADDRESS STREET ADDRESS DELRAY BEACH, FL 33484 CITY-ST-ZIP CITY-ST-ZIP S TITLE ☐ Delete ☐ Change ■ Addition ZEH ZELDA NAME NAME STREET ADDRESS 811 BURGUNDY Q STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition WEISS, LILA NAME NAME STREET ADDRESS 809 BURGUNDY Q STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition COHEN, SYLVIA NAME NAME STREET ADDRESS 771 BURGUNDY Q STREET ADDRESS CITY-ST-7/P DELRAY BEACH, FL 33484 CITY-ST-ZIP TD TITLE ☐ Delete TITLE ☐ Change Addition LEVINE, HENRY NAME NAME STREET ADDRESS 813 BURGUNDY O STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

FILED