

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744900

FILED  
Mar 16, 2010  
Secretary of State

**Entity Name:** BURGUNDY D ASSOCIATION, INC.

**Current Principal Place of Business:**

PRIME MANAGEMENT GROUP, INC.  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487

**New Principal Place of Business:**

THE CONTINENTAL GROUP  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487

**Current Mailing Address:**

PRIME MANAGEMENT GROUP, INC.  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487

**New Mailing Address:**

THE CONTINENTAL GROUP  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487

**FEI Number:** 59-1915834

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HILLEY & WYANT- CORTEZ, P.A.  
860 U.S. HIGHWAY 1  
SUITE 108  
N. PALM BEACH, FL 33408 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SHURMAN, RHODA  
Address: 164 BURGUNDY D  
City-St-Zip: DELRAY BEACH, FL 33484

Title: T  
Name: CONNERS, BARBARA  
Address: 182 BURGUNDY D  
City-St-Zip: DELRAY BEACH, FL 33484

Title: VP  
Name: ZIPKOWITZ, CAROLE  
Address: 161 BURGUNDY D  
City-St-Zip: DELRAY BEACH, FL

Title: S  
Name: DULMAN, MARILYN  
Address: 169 BURGUNDY D  
City-St-Zip: DELRAY BEACH, FL 33484

Title: D  
Name: BENEVENTO, ANITA  
Address: 168 BURGUNDY D  
City-St-Zip: DELRAY BEACH, FL 33484

Title: D  
Name: SCHACHTER, HERBERT  
Address: 185 BURGUNDY D  
City-St-Zip: DELRAY BEACH, FL 33484

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RHODA SHURMAN

P

03/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date