


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90230 001 \*4,226.25

|  |                        |  |   |   |                                  |
|--|------------------------|--|---|---|----------------------------------|
| <b>DOCUMENT # 744901</b><br>1. Entity Name<br>BURGUNDY E ASSOCIATION, INC.   |                        |  |   |                |                                  |
| Principal Place of Business<br>PRIME MANAGEMENT GROUP, INC.<br>6300 PARK OF COMMERCE BLVD<br>BOCA RATON, FL 33487  |                        |  | Mailing Address<br>PRIME MANAGEMENT GROUP, INC.<br>6300 PARK OF COMMERCE BLVD<br>BOCA RATON, FL 33487 |   |                                  |
| 2. Principal Place of Business   |                        | 3. Mailing Address   |   |   |                                  |
| Suite, Apt. #, etc.  |                        | Suite, Apt. #, etc.  |   |   |                                  |
| City & State   |                        | City & State   |   | 4. FEI Number<br><b>59-1909210</b>  |                                  |
| Zip  |                        | Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                  |
| 6. Name and Address of Current Registered Agent  |                        |  | 7. Name and Address of New Registered Agent   |   |                                  |
| SWATT, MYRON<br>6300 PARK OF COMMERCE BLVD<br>BOCA RATON, FL 33487   |                        |  | Name  |   |                                  |
|  |                        |  | Street Address (P.O. Box Number is Not Acceptable)  |   |                                  |
|  |                        |  | City  |   |                                  |
|  |                        |  | <b>FL</b>   |   | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____  |                        |  |   |   |                                  |
| <b>Filing Fee is \$61.25 Due by May 1, 2004</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  | TD                     | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |                                  |
| NAME   | BROTZ, GERTRUDE        |  | NAME  |   |                                  |
| STREET ADDRESS   | 216 BURGUNDY E         |  | 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   | STRAUSS, NORMAN        |  | NAME  |   |                                  |
| STREET ADDRESS   | 234 BURGUNDY E         |  | STREET ADDRESS  |   |                                  |
| CITY-ST-ZIP  | DELRAY BEACH, FL 33484 |  | CITY-ST-ZIP   |   |                                  |
| TITLE  | VD                     | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |                                  |
| NAME   | OAKLANDER, HENRY       |  | NAME  |   |                                  |
| STREET ADDRESS   | 209 BURGUNDY E         |  | STREET ADDRESS  |   |                                  |
| CITY-ST-ZIP  | DELRAY BEACH, FL 33484 |  | CITY-ST-ZIP   |   |                                  |
| TITLE  | PD                     | <input type="checkbox"/> Delete  | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                    |                                  |
| NAME   | LEAVITT, CHESTER       |  | NAME  | <i>PSD Leavitt, Chester</i>   |                                  |
| STREET ADDRESS   | 211 BURGUNDY E         |  | STREET ADDRESS  | <i>211 Burgundy E</i>   |                                  |
| CITY-ST-ZIP  | DELRAY BEACH, FL       |  | CITY-ST-ZIP   | <i>Delray Beach, FL</i>   |                                  |
| TITLE  | D                      | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |                                  |
| NAME   | CARDENAS, JOHN         |  | NAME  |   |                                  |
| STREET ADDRESS   | 232 BURGUNDY E         |  | 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   | SCHECHTER, HERBERT     |  | NAME  |   |                                  |
| STREET ADDRESS   | 215 BURGUNDY E         |  | STREET ADDRESS  |   |                                  |
| CITY-ST-ZIP  | DELRAY BEACH, FL       |  | 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: <i>[Signature]</i>  |                        |  | Date: <i>4-26-04</i>  |   | Daytime Phone #: <i>406-7218</i> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                        |  |   |   |                                  |