

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90182 008 \*\*\*\*61.25

<b>DOCUMENT # 744901</b> 1. Entity Name <b>BURGUNDY E ASSOCIATION, INC.</b>					
Principal Place of Business <b>PRIME MANAGEMENT GROUP, INC.</b> <b>6300 PARK OF COMMERCE BLVD</b> <b>BOCA RATON, FL 33487</b>			Mailing Address <b>PRIME MANAGEMENT GROUP, INC.</b> <b>6300 PARK OF COMMERCE BLVD</b> <b>BOCA RATON, FL 33487</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number <b>59-1909210</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BURGUNDY &amp; ASSOCIATES INC</b> <b>6300 PARK OF COMMERCE BLVD</b> <b>BOCA RATON, FL 33487</b>			7. Name and Address of New Registered Agent Name <b>Burgundy E</b> Street Address (P.O. Box Number is Not Acceptable) <b>6300 Park of Commerce Blvd</b> City <b>Boca Raton</b> FL Zip Code <b>33487</b>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARDEN, MARILYN 237 BURGUNDY E DELRAY BEACH, FL 33484		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>WANDER, MARILYN</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEIGEL, RAY 236 BURGUNDY E DELRAY BEACH, FL 33484		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPIEGEL, MARTIN 233 BURGUNDY E DELRAY BEACH, FL 33484		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>BROTZ, GERT</b> <b>216 BURGUNDY E</b> <b>DELRAY -</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LEAVITT, CHESTER 211 BURGUNDY E DELRAY BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WANDER, MARILYN 237 BURGUNDY E DELRAY BEACH, FL 33484		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SCHUCHTER HERBERT</b> <b>215 BURGUNDY E</b> <b>DELRAY -</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROTZ, GERT 216 BURGUNDY E DELRAY BEACH, FL 33484		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NEHLMAN, JIM</b> <b>197 BURGUNDY E</b> <b>DELRAY -</b>	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	