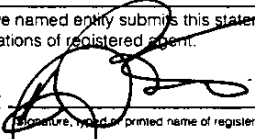
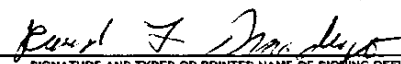


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-13-2007 90182 014 ****61.25

DOCUMENT # 744902 1. Entity Name BURGUNDY K 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 PRK OF COMMERCE BLVD BOCA RATON, FL 33487 US		
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	01292007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1903176	
5. Certificate of Status Desired ☐				☐ \$8.75 Additional Fee Required ☐ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BERNSTEIN, ARNIE 6300 PRK OF COMMERCE BLVD BOCA RATON, FL 33487			Name Burgundy K Street Address (P.O. Box Number is Not Acceptable) 6300 Park of Commerce Blvd City Boca Raton FL Zip Code 33487		
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					
Filing fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	MADRAZO, LOU	NAME			
STREET ADDRESS	509 BURGUNDY K	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP			
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	RISTIANO, CONNIE	NAME			
STREET ADDRESS	505 BURGUNDY K	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	FARKAS, KARL	NAME			
STREET ADDRESS	BURGUNDY K	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL	CITY-ST-ZIP			
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	MADRAZO, PAT	NAME			
STREET ADDRESS	509 BURGUNDY K	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☒ Addition		
NAME		NAME	HASKIN, EDE		
STREET ADDRESS		STREET ADDRESS	516 BURGUNDY K		
CITY-ST-ZIP		CITY-ST-ZIP	DELRAY BEACH, FL 33484		
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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:  4/2/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					