

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

DOCUMENT # 744903

1. Entity Name
BURGUNDY J ASSOCIATION, INC.



Principal Place of Business
**PRIME MANAGEMENT GROUP, INC.
6300 PRK 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1910561

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWATT, MYRON
6300 PK OF COMMERCE BLVD
BOCA RATON, FL 33487**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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 PD ☒ Delete
NAME FLEISHMAN, ROBERT
STREET ADDRESS 444 BURGUNDY J
CITY-ST-ZIP DELRAY BEACH, FL

TITLE P ☐ Change ☒ Addition
NAME Feinstein, Bennett
STREET ADDRESS 440 Burgundy J, Kings Point
CITY-ST-ZIP Delray Beach, FL

TITLE V ☒ Delete
NAME SCHWARTZ, REUBEN
STREET ADDRESS KINGS PT. BURGUNDY J 453
CITY-ST-ZIP DELRAY BEACH, FL

TITLE S ☐ Change ☒ Addition
NAME Ethel Goldstein
STREET ADDRESS 459 Burgundy J
CITY-ST-ZIP Delray Beach, FL

TITLE S ☐ Delete
NAME STERNLIEB, SYLVIA
STREET ADDRESS KINGS PT. BURGUNDY J 451
CITY-ST-ZIP DELRAY BEACH, FL

TITLE VP ☒ Change ☐ Addition
NAME Sternlieb, Sylvia
STREET ADDRESS Kings Pt. Burgundy J 451
CITY-ST-ZIP Delray Beach, FL

TITLE TD ☐ Delete
NAME PRANIS, MALVINA
STREET ADDRESS 461 BURGUNDY J
CITY-ST-ZIP DELRAY BEACH, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KATZ, MIRIAM
STREET ADDRESS 446 BURGUNDY J
CITY-ST-ZIP DELRAY BEACH, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME STOLZENBERG, SEYMOUR
STREET ADDRESS 462 BURGUNDY J
CITY-ST-ZIP DELRAY BEACH, FL

TITLE D ☐ Change ☒ Addition
NAME Doris Ingbar
STREET ADDRESS 450 Burgundy J
CITY-ST-ZIP Delray Beach, FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #