


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90105 047 \*\*\*\*61.25

<b>DOCUMENT # 744903</b> 1. Entity Name <b>BURGUNDY J ASSOCIATION, INC.</b>					
Principal Place of Business <b>PRIME MANAGEMENT GROUP, INC.</b> <b>6300 PRK OF COMMERCE BLVD</b> <b>BOCA RATON, FL 33487 US</b>			Mailing Address <b>PRIME MANAGEMENT GROUP, INC.</b> <b>6300 PRK OF COMMERCE BLVD</b> <b>BOCA RATON, FL 33487 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1910561</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SWATT, MYRON</b> <b>6300 PK OF COMMERCE BLVD</b> <b>BOCA RATON, FL 33487</b>				Name <b>BURGUNDY J ASSOCIATION, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>ARNIE BERNSTEIN</b> <b>6300 PARK OF COMMERCE BOULEVARD</b> City <b>BOCA RATON</b> <b>FL</b> 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.					
SIGNATURE <b>ARNIE BERNSTEIN</b> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>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	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FEINSTEIN, BENNETT</b>			NAME	
STREET ADDRESS	<b>440 BURGUNDY J, KINGS POINT</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH, FL</b>			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDSTEIN, ETHEL</b>			NAME	
STREET ADDRESS	<b>459 BURGUNDY J</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH, FL</b>			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STERNLIEB, SYLVIA</b>			NAME	
STREET ADDRESS	<b>KINGS PT. BURGUNDY J 451</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH, FL</b>			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRANIS, MALVINA</b>			NAME	
STREET ADDRESS	<b>461 BURGUNDY J</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH, FL</b>			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KATZ, MIRIAM</b>			NAME	
STREET ADDRESS	<b>446 BURGUNDY J</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH, FL</b>			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>INGBAR, DORIS</b>			NAME	
STREET ADDRESS	<b>450 BURGUNDY J</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH, FL</b>			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: <b>4/21/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date <b>5/1/05</b> <small>Daytime Phone #</small>	

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