

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-03-2005 90104 001 ****61.25

DOCUMENT # 745344

1. Entity Name
BURGUNDY N 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**

40079550



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02242005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1915651

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 **BURGUNDY N ASSOCIATION, INC.**

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

ARNIE BERNSTEIN

6300 PARK OF COMMERCE BOULEVARD

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

ARNIE BERNSTEIN

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, 2005**

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
NAME **HIRSH, CLAIRE**
STREET ADDRESS **660 BURGUNDY N**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE **D** ☐ Change ☒ Addition
NAME **LASHINSKY, ETHEL**
STREET ADDRESS **628 BURGUNDY N**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE **V** ☒ Delete
NAME **MELTZER, FIO**
STREET ADDRESS **662 BURGUNDY U**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE **V** ☐ Change ☒ Addition
NAME **GOLD, MARION**
STREET ADDRESS **670 BURGUNDY N**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE **SD** ☐ Delete
NAME **GREENWALD, BERNICE**
STREET ADDRESS **646 BURGUNDY N**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

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

TITLE **P** ☒ Delete
NAME **HEITE, JOAN**
STREET ADDRESS **647 BURGUNDY N**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE **P** ☐ Change ☒ Addition
NAME **PRIMAK, SUSAN**
STREET ADDRESS **630 BURGUNDY N**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE **D** ☒ Delete
NAME **LEVINE, LOUIS**
STREET ADDRESS **627 BURGUNDY N**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE **D** ☐ Change ☒ Addition
NAME **COOK, MARVIN**
STREET ADDRESS **645 BURGUNDY N**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE **T** ☐ Delete
NAME **LOWELL, ROZ**
STREET ADDRESS **635 BURGUNDY N**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Ethel Lashinsky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/05