


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006 08:00 AM
Secretary of State

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



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07272006 Chg-NP CR2E037 (4/06)

City & State
 Zip Country

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

BERNSTEIN, ARNIE
6300 PK OF COMMERCE BLVD
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 6, 2006

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

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LASHINSKY, ETHEL | |
| STREET ADDRESS | 628 BURGUNDY N | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33484 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | GOLD, MARION | |
| STREET ADDRESS | 670 BURGUNDY N | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33484 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | GREENWALD, BERNICE | |
| STREET ADDRESS | 646 BURGUNDY N | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33484 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | PRIMAK, SUSAN | |
| STREET ADDRESS | 630 BURGUNDY N | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33484 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | COOK, MARVIN | |
| STREET ADDRESS | 627 BURGUNDY N | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33484 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | LOWELL, ROZ | |
| STREET ADDRESS | 635 BURGUNDY N | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33484 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | U00000575587 |
| CITY-ST-ZIP | 08/29/06-80007-010 61.25 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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: Ethel Lashinsky, Dir. Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR