## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Apr 13, 2007 8:00 am Secretary of State **DOCUMENT #745344** 04-13-2007 90182 017 \*\*\*\*61.25 1. Entity Name BURGUNDY N ASSOCIATION, INC. Principal Place of Business Mailing Address 40000 PRIME MANAGEMENT GROUP, INC. PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD 6300 PRK OF COMMERCE BLVD BOCA RATON, FL 33487 BOCA RATON, FL 33487 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01292007 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 59-1915651 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **Kurgund** BERNSTEIN, ARNIE 6300 PK OF COMMERCE BLVD Street Address (P.O. Sox Number is Nat Acceptable) BOCA RATON, FL 33487 8. The above named entity Jubmits this extrement or 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 SIGNAT DATE typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Addition LASHINSKY, ETHEL NAME NAME 628 BURGUNDY N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 CITY-ST-2IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME GOLD, MARION NAME 670 BURGUNDY N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition GREENWALD, BERNICE NAME NAME STREET ADDRESS 646 BURGUNDY N STREET ADDRESS CITY-ST-Z#P DELRAY BEACH, FL 33484 CITY-ST-ZIP Delete TITLE TITLE PRIMAK, SUSAN NAME NAME STREET ADDRESS 630 BURGUNDY N STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DELRAY BEACH, FL 33484 Delete ☐ Change Addition TITLE TITLE COOK, MARVIN NAME NAME 627 BURGUNDY N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE LOWELL, ROZ NAME STREET ADDRESS 635 BURGUNDY N STREET ADDRESS DELRAY BEACH, FL 33484 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 1197 Plorida 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.

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED