FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 745866

(4)

BURGUNDY H ASSOCIATION, INC.

Principal Place of Business Mailing Address							1 160014 00014 01004 B1101 00710 B1140	Metr Brait Asber Arber Asber Arber Arber Ander	
PRIME MANAGEMENT GROUP, INC. 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487			PRIME MANAGEMENT GROUP, INC. 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487						
							3. Date Incorporated or Qualified 02/07/1979	3a. Date of Last Report 05/01/1995	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	Applied For	
21			26				59-1936479	Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State			City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
23 Zip	Country	20	Zip Coui				Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible to funder s. 199.032,		
24	25 29			30			Florida Statutes Yes W No		
9. Name and Address of Current					Ţ:		10. Name and Address of New Registered Agent		
					81	Name			
BLUSTEIN, HELEN KINGS PT BURGANDY H384					82	Street Address (P.O. Box Number is Not Acceptable)			
DELRAY BEACH FL 33484					83				
DEDIVIT	951011111111111111111111111111111111111				84	City		FL 85 Zip Code	
11 Purcusot t	a the provisions of Sections 617.050	2 and 61	7 1509 Florida Statut	toe the abo		arried corr	poration submits this statement for the purp		
or register	ed agent, or both, in the State of Flori h, and accept the obligations of, Sec	ida. Suct	ochange was authorize	zed by the i	corpo	oration's b	oard of directors. Thereby accept the appoint	intment as registered agent. I am	
\$IGNATURE _	Clarest to have a part of magical and have been	t man fille al	and detailed	OTE O retene	4 8.55	t contat of a con-	and distance assert the St	DATE	
Signature, typed or printed name of registered agent and title if a yell-call (NOTE Re- 12. OFFICERS AND DIRECTORS					g stered Agent signature repured when reinstating! DATE 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	P		DELETE	111	ILE		AGENT	Change 🙀 Addition	
NAME	BLUSTEIN, HELEN			12 N	AME		RAIBLE, RONALD	_ · _ K	
STREET ADDRESS	KINGS PT. BURGUNDY H 38	34		1.3 \$	TREET	ADDRESS	6300 PARK OF COMM	ERCE BLVD.	
CITY - ST - ZIP	DELRAY BEACH FL			1.4 0	ITY-S	T - ZIP	BOCA RATON, FL 33	487	
TITLE	V		DELETE	2 1 T	IFLE		D	X Achange ☐ Addition	
NAME	SCOLL, JOE			2 2 N	ΑMε		SCOLL, JOE		
STREET ADDRESS	KINGS PT. BURGUNDY H 38	32		235	TREET	ADDRESS	382 BURGUNDY H		
CITY-ST-ZIP	DELRAY BEACH FL			2 4 0	OTY-S	I - ZIP			
TITLE	S		DELETE	3 1 7	ITLE		30000180	J 😑 🔁 ÇĀaige . 🔲 Addition	
NAME	JACOBSON, SAUL			3 2 N	AME		-05/06/96010	16007	
STREET ADDRESS	KINGS PT. BURGUNDY H 25	59		33S	TREET	ADDRESS	***857.50		
CITY-ST-ZIP	DELRAY BEACH FL					ST - Z IP			
TITLE	TD		XX OELETE	4 1 T			D	Change XX Addition	
NAME	COHEN, NANCY		•		NAME		KAPLAN, AL		
STREET ADDRESS	KINGS PT. BURGUNDY H 33	37		43S	TAFET	ADDRESS	340 BURGUNDY H		
CITY-ST-ZIP	DELRAY BEACH FL		[] be tre		ITY - S	1 - ZIP		Change Dadge	
TITLE	D		DELETE	5 ! T			V	hange 🗆 Addition	
NAME	WALLACH, SEYMOUR	10			IAME		WALLACH, SEYMOUR		
STREET ADORESS	KINGS PT. BURGUNDY H 34	19				ADDRESS	349 BURGUNDY H		
CITY-ST-ZIP TITLE	DELRAY BEACH FL		DELETE		ITY-S	I - ZiP	Ť	Change Addition	
	D SAME			61T			=	A Change I Madilion	
NAME CTREET ADORESC	SKULNICK, ANNE	7.4		62 N		ADDRESS	SKULNICK, ANNE	116	
STREET ADDRESS	KINGS PT. BURGUNDY H 3	4				ADDRESS	374 BURGUNDY H	3-111-9/2	
CITY-ST-ZIP 14. I do hereb	DELRAY BEACH FL v certify that the information supplied	with this	filing is voluntarily fur		doe:		fy for the exemption stated in Section 119.0	27(3)(k), Florida Statutes, Hurther	
certify that	the information indicated on this and	ual reon	rt or supplemental and	nual report	is to	e and acc	urate and that my signature shall have the	same legal effect as if made under	

certify that the information indicated on this annual report or supplemental annual 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 12 or Bir. 13 if phanged, or on an attachment with an address

SIGNATURE:

STE AND TYPE UN FRINCED NAME ... GIOTHING UPPICER OR DIRECTOR

3-25-96 99

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CR2E037 (12/95)