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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745866** (4)

1. Corporation Name

BURGUNDY H ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PRIME MANAGEMENT GROUP, INC.
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

PRIME MANAGEMENT GROUP, INC.
~~1051 SOUTH ROGERS CIRCLE~~
BOCA RATON FL 33487-2816

Le300 Park of Commerce Blvd

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24

PRIME MGMT. GROUP, INC.
6300 PRK. OF COMMERCE BLVD
BOCA RATON, FL. 33487

9. Name and Address of Current Registered Agent

BLUSTEIN, HELEN
KINGS PT BURGANDY H384
DELRAY BEACH FL 33484

3. Date Incorporated or Qualified
02/07/1979

3a. Date of Last Report
05/01/1996

4. FEI Number
59-1936479

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BLUSTEIN, HELEN	
STREET ADDRESS	KINGS PT. BURGUNDY H 384	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOLL, JOE	
STREET ADDRESS	382 BURGUNDY H	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JACOBSON, SAUL	
STREET ADDRESS	KINGS PT. BURGUNDY H 259	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAPLAN, AL	
STREET ADDRESS	340 BURGUNDY H	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WALLACH, SEYMOUR	
STREET ADDRESS	349 BURGUNDY H	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SKULNICK, ANNE	
STREET ADDRESS	374 BURGUNDY H	
CITY-ST-ZIP	DELRAY BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Blustein, Helen	
1.3 STREET ADDRESS	384 Burgundy H	
1.4 CITY-ST-ZIP	Delray Beach, Fla	
2.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Scoll, Joe	
2.3 STREET ADDRESS	382 Burgundy H	
2.4 CITY-ST-ZIP	Delray Beach, Fla	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Skulnick, Anne	
3.3 STREET ADDRESS	374 Burgundy H	
3.4 CITY-ST-ZIP	Delray Beach Fla	
4.1 TITLE	DD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Kaplan, Al	
4.3 STREET ADDRESS	340 Burgundy H	
4.4 CITY-ST-ZIP	Delray Beach, Fla	
5.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Wallach, Seymour	
5.3 STREET ADDRESS	349 Burgundy H	
5.4 CITY-ST-ZIP	Delray Beach Fla	
6.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Cohen, Nancy	
6.3 STREET ADDRESS	337 Burgundy H	
6.4 CITY-ST-ZIP	Delray Beach	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Helen Blustein WIRE

3/12/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0039649

CR2E037 (9/96)