2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



FILED May 04, 2004 8:00 am Secretary of State

Country	DOCUMENT # 745866 1. Entity Name BURGUNDY H ASSOCIATION, INC.				05-04-2004 90230 001 *4,226.25				
Sulle, Apl. #, etc. Sulle, Apl. #, etc.	PRIME MANAGEMENT GROUP, INC. 6300 PK OF COMMERCE BLVD		PRIME MANAGEMENT GROUP, INC. 6300 PK OF COMMERCE BLVD						
City & State Country Country Country Country Country Country S. Certificate of Status Desired Status Desired Street Address (P. O. Box Number is Not Acceptable) Street Address (P. O. Box Number is Not Acceptable) City FL Zip Code Street Address (P. O. Box Number is Not Acceptable) DATE Filing Fee is \$61.25 Due by May 1, 2004 Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIRECTORS III. OFFICERS AND DIRECTORS III. OFFICERS AND DIRECTORS III. OFFICERS AND DIRECTORS III. NAME BLUSTEIN, HELEN SINEA JURGESS SAL BURGUNDY H ORY-SI-ZIP DELRAY BEACH, FL 33484 CITY-SI-ZIP DELRAY BEACH, FL 33484 CITY	2. Principal Place of Business		3. Mailing Address						
Sp-1936479	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03232004 Chg-	NP CR2	E037 (10/03)		
SKULNIER, ANNE 374 BURDUDY H DELRAY BEACH, FL 33484 Street Address of New Registered Agent	City & State		City & State					plied For t Applicable	
SKULNIER, ANNE 374 BURDUDY H DELRAY BEACH, FL 33484 City FL Zip Code	Zip Country		Zip	Country	5. Certificate of Status	Fee Required			
SKULINIER, ANNE 374 BURDUDY H DELRAY BEACH, FL 33484 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. Tam familiar with, and acceptable) Filing Fee is \$61.25 Due by May 1, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. STRETA ADDRESS OFFICER ADDRESS OFFICER ADDRESS OFFICER ADDRESS STRETA ADDRESS OFFICER ADDRESS OF		6. Name and Address of Current	Registered Agent		7. Name and Addres	s of New Register	ed Agent		
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	CKHI MIED	ANNE		Name					
SIGNATURE Filing Foo is \$61.25 Due by May 1, 2004 Poletic True biligrature required when remaining S\$,00 May Be Added to Fees Make check payable to Florida Department of State	374 BURDUDY H			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
SIGNATURE Filing Foo is \$61.25 Due by May 1, 2004 Poletic True biligrature required when remaining S\$,00 May Be Added to Fees Make check payable to Florida Department of State									
SIGNATURE Signature, hybrid or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when rematating) Displanure, hybrid or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when rematating) Displanure, hybrid or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when rematating) Displanure, hybrid or printed name of registered agent agent and title if applicable. (NOTE Registered Agent signature required when rematating) Displanure, hybrid or printed name of registered agent agent and title if applicable. (NOTE Registered Agent signature required when rematating) Displanure, hybrid or printed name of registered agent agent and title is printed. (NOTE Registered Agent signature required when rematating) Displanure, hybrid or printed name of registered agent agent and title is printed. (NOTE Registered Agent signature required when rematating) Displanure, hybrid or printed name of registered Agent signature required when rematating) Displanure, hybrid or printed name of registered Agent signature required when rematating) Displanure, hybrid or printed name of registered Agent signature required when rematating) Displanure, hybrid development of State Displanure, hybrid or printed name of registered Agent signature required when rematating) Displanure, hybrid development of State Displanure, hybrid developm				City		F	Zip Code	Э	
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Trust Fund Contribution. Added to Fees Florida Department of State	SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature req	juired when reinstating)	DA [*]	ΤE		
TITLE					Ψοίοο May De				
NAME STREET ADDRESS SA4 BURGUNDY H CITY-ST-ZIP DELRAY BEACH, FL 33484 TITLE TD DELRAY BEACH, FL 33484 TITLE NAME SOLOMON, LOUIS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 TITLE SD STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 TITLE NAME SKULNICK, ANNE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 CITY-ST-ZIP TITLE NAME SKULNICK, ANNE STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 CITY-ST-ZIP TITLE NAME STREET ADDRESS TREET ADDRESS TREET ADDRESS TITLE NAME STREET ADDRESS TREET ADDRESS TITLE NAME STREET ADDRESS TITLE TI	10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS IN	10	
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TITLE NAME DIBLASIO, JERRY STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 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 informatic and not fixed 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 direct or direct and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct 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 direct 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 direct on the same legal effect as if made under oath; that I am an officer or direct on the same legal effect as if made under oath; that I am an officer or direct on the same legal effect as if made under oath; that I am an officer or direct on the same legal effect as if made under oath; that I am an officer or direct on the same legal effect as if made under oath; that I am an officer or direct on the same legal effect as if made under oath; that I am an officer or direct on the same legal effect as if made under oath; that I am an officer or direct on the same legal effect as if made under oath; that I am an officer or direct on the same legal effect as if made under oath; that I am an officer or direct on the same legal effect as if made under oath; that I am an officer or direct on the same legal effect as if made under oath; that I am an officer or direct on the same legal effect as if made under oath; that I am an officer or direct on the same legal effect as if made under oath; that I am an officer or direct on the same legal effect as if made under oath; that I am an officer or direct on the same legal effect as i	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	BLUSTEIN, HELEN 384 BURGUNDY H DELRAY BEACH, FL 33484 TD SOLOMON, LOUIS 345 BURGUNDY H DELRAY BEACH, FL 33484 SD SKULNICK, ANNE 374 BURGUNDY H DELRAY BEACH, FL 33484 D FRUCHT, HORTENSE 371 BURGUNDY H DELRAY BEACH, FL 33484 VPD WEINER, KITTY 380 BURGURDY H	☐ Delete ☐ Delete ☐ Delete ☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	RIBLASIO, PI	Н	Change Change	☐ Addition☐ Addition☐ Addition	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR