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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

DOCUMENT # 745867 (2)

1. Corporation Name

BURGUNDY I 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

6300 Park of Commerce Blvd.

2. Principal Place

3. Mailing Address

21 Suite, Apt. #, etc. PRIME MGMT. GROUP, INC.  
22 6300 PRK. OF COMMERCE BLVD  
City & State BOCA RATON, FL. 33487

23 Zip

24 25 29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
02/07/1979

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

4. FEI Number  
59-1920759

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

PULIK, HARRY  
KINGS PT. BURGUNDY I  
APARTMENT 388  
DELRAY BEACH FL 33484

81 Name

82 Street Address (P.O. Box)

83

84 City

10. Name and Address of New Registered Agent

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME PULIK, HARRY  
STREET ADDRESS KINGS PT. BURGUNDY I 388  
CITY-ST-ZIP DELRAY BEACH FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME BOWERS, IRVING  
STREET ADDRESS KINGS PT. BURGUNDY I 390  
CITY-ST-ZIP DELRAY BEACH FL 33484

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME HAHN, LUCILLE  
STREET ADDRESS KINGS PT. BURGUNDY I 410  
CITY-ST-ZIP DELRAY BEACH FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME ROSENBERG, ABE  
STREET ADDRESS KINGS PT. BURGUNDY I 391  
CITY-ST-ZIP DELRAY BEACH FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME GLASER, ADELE  
STREET ADDRESS 394 BURGUNDY I  
CITY-ST-ZIP DELRAY BCH FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME ABOLSKY, JACK  
STREET ADDRESS KINGS PT. BURGUNDY I 422  
CITY-ST-ZIP DELRAY BEACH FL 33484

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0039797

CR2E037 (9/96)