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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745867 (2)

1. Corporation Name
BURGUNDY I ASSOCIATION, INC.



Principal Place of Business PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487 US	Mailing Address PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487 US
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3. Date Incorporated or Qualified 02/07/1979	Applied For Not Applicable
4. FEI Number 59-1920759	

2. Principal Place of Business 21	2a. Mailing Address 25
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 22	City & State 27
Zip 23	Zip 28
Country 24	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

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]* DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PULIK, HARRY		1.2 NAME	
STREET ADDRESS KINGS PT. BURGUNDY I 388		1.3 STREET ADDRESS	
CITY-ST-ZIP DELRAY BEACH FL		1.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BOWERS, IRVING		2.2 NAME WINTERS SAUL	
STREET ADDRESS KINGS PT. BURGUNDY I 390		2.3 STREET ADDRESS 406 Burgundy I	
CITY-ST-ZIP DELRAY BEACH FL 33484		2.4 CITY-ST-ZIP Delray Beach Fla 33484	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAHN, LUCILLE		3.2 NAME	
STREET ADDRESS KINGS PT. BURGUNDY I 410		3.3 STREET ADDRESS	
CITY-ST-ZIP DELRAY BEACH FL		3.4 CITY-ST-ZIP	
TITLE T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROSENBERG, ABE		4.2 NAME TEITELBAUM, JEAN	
STREET ADDRESS KINGS PT. BURGUNDY I 391		4.3 STREET ADDRESS 407 Burgundy I	
CITY-ST-ZIP DELRAY BEACH FL		4.4 CITY-ST-ZIP Delray Beach Fla 33484	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GLASER, ADELE		5.2 NAME WEISS, HARRY	
STREET ADDRESS 394 BURGUNDY I		5.3 STREET ADDRESS 418 Burgundy I	
CITY-ST-ZIP DELRAY BCH FL		5.4 CITY-ST-ZIP Delray Beach Fla 33484	
TITLE VP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ABOLSKY, JACK		6.2 NAME	
STREET ADDRESS KINGS PT. BURGUNDY I 422		6.3 STREET ADDRESS	
CITY-ST-ZIP DELRAY BEACH FL 33484		6.4 CITY-ST-ZIP	

14. 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 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]* SIGNATURE REQUIRED

CR2E037 (10/97)