

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90329 033 ****61.25

DOCUMENT # 745867

1. Entity Name

BURGUNDY I ASSOCIATION, INC.

Principal Place of Business

Mailing Address

MANAGEMENT GROUP, INC.
 PRK OF COMMERCE BLVD
 RATON FL 33487

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1920759

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PULIK, HARRY**
 CITY-ST-ZIP **388 BURGUNDY I**
DELRAY BEACH FL 33484

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **DINOWITZ, JOSEPH**
 CITY-ST-ZIP **411 BURGUNDY I**
DELRAY BEACH FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **HAHN, LUCILLE**
 CITY-ST-ZIP **410 BURGUNDY I**
DELRAY BEACH FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **ROSENBERG, ABRAHAM**
 CITY-ST-ZIP **391 BURGUNDY I**
DELRAY BEACH FL

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **ABOLSKY, JACK**
 CITY-ST-ZIP **422 BURGUNDY I**
DELRAY BEACH, FL 33484

TITLE ☒ Delete
 NAME **VPD**
 STREET ADDRESS **ABOLSKY, JACK**
 CITY-ST-ZIP **422 BURGUNDY I**
DELRAY BEACH FL 33484

TITLE ☐ Change ☒ Addition
 NAME **VPD**
 STREET ADDRESS **ROMOFF, MADELINE**
 CITY-ST-ZIP **391 BURGUNDY I**
DELRAY BEACH, FL 33484

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **DIAMOND, DORA**
 CITY-ST-ZIP **424 BURGUNDY I**
DELRAY BEACH FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 information indicated 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE Lucille Hahn

2-7-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)