

745987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

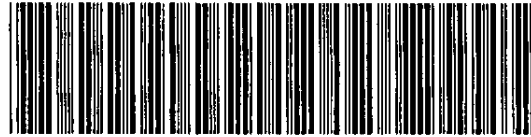
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Burgundy F Association Inc.
Name of Corporation

DOCUMENT NUMBER: 591934122

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Wittman

Name of Contact Person

c/o Condominium Concepts

Firm/Company

15005 Michelangelo Blvd

Address

Delray Beach FL 33446

City/State and Zip Code

vschreibman@condominiumconcepts.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valerie Schreibman

Name of Contact Person

at (561-) 496-0062

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Assoc.	Amt \$	Due Date:	Desc
35	35	09/15/03	Change of mgmt
Vendor: Robert Wittman	Amt		
500	500		
Approval:			
VW			

745987



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2013

ROBERT WITTMAN
15005 MICHELANGELO BLVD.
DELRAY BEACH, FL 33446

SUBJECT: BURGUNDY F ASSOCIATION, INC.
Ref. Number: 745987

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 813A00019977

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Burgundy F Associates Inc.
2. The principal office address: 40 Condominium Concepts Management
3. The mailing address (if different): 15005 Michelangelo Blvd.
Delray Beach FL 33446
4. Date of incorporation/qualification: 2/16/1979 Document number: 691934122
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Glazer & Associates P.A.
3113 Stirling Rd. #201
Ft Lauderdale FL 33021

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Valerie Schreiman, LEARN

Signature of an officer or director

Valerie Schreiman, LEARN

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Valerie Schreiman

Signature of Registered Agent

8/1/13

Date

If signing on behalf of an entity:

Valerie Schreiman, LEARN as agent for Burgundy F

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA