2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745987

Entity Name: BURGUNDY F ASSOCIATION, INC.

FILED
Jan 23, 2025
Secretary of State
0019728344CC

Current Principal Place of Business:

C/O WILSON LANDSCAPING & MANAGEMENT CORP 1300 NW 17TH AVE SUITE 270 DELRAY BEACH, FL 33445

Current Mailing Address:

C/O WILSON LANDSCAPING & MANAGEMENT CORP 1300 NW 17TH AVE SUITE 270 DELRAY BEACH, FL 33445 US

FEI Number: 59-1934122 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GLAZER & ASSOCIATES, P.A. 3113 STIRLING RD., #201 FT. LAUDERDALE, FL 33021 US

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: ERIC GLAZER, PRESIDENT 01/23/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRESIDENT Title TREASURER

Name WOLLINS, ABBE Name BERNSTEIN, MARVIN

Address C/O WILSON LANDSCAPING & Address C/O WILSON LANDSCAPING &

MANAGEMENT CORP MANAGEMENT CORP

1300 NW 17TH AVE SUITE 270 1300 NW 17TH AVE SUITE 270

City-State-Zip: DELRAY BEACH FL 33445 City-State-Zip: DELRAY BEACH FL 33445

Title VICE-PRESIDENT Title DIRECTOR

Name MARCUS, CARY Name MASTROENI, SALVATORE

Address C/O WILSON LANDSCAPING & Address C/O WILSON LANDSCAPING &

MANAGEMENT CORP MANAGEMENT CORP

1300 NW 17TH AVE SUITE 270 1300 NW 17TH AVE SUITE 270

City-State-Zip: DELRAY BEACH FL 33445 City-State-Zip: DELRAY BEACH FL 33445

Title SECRETARY Title DIRECTOR

Name COMBS, ELLEN Name REICHERT, BOBBY

Address C/O WILSON LANDSCAPING & Address C/O WILSON LANDSCAPING &

MANAGEMENT CORP MANAGEMENT CORP

1300 NW 17TH AVE SUITE 270 1300 NW 17TH AVE SUITE 270

City-State-Zip: DELRAY BEACH FL 33445 City-State-Zip: DELRAY BEACH FL 33445

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELLEN COMBS SECRETARY 01/23/2025