

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745868

Entity Name: BURGUNDY L ASSOCIATION, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 59-1924636

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KAYE BENDER REMBAUM
1200 PARK CENTRAL BLVD S
POMPANO BEACH, FL 33064 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: MICHAEL BENDER

01/23/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT/TREASURER
Name ARNHOLT, JOHN
Address C/O WILSON MANAGEMENT
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title VICE-PRESIDENT/SECRETARY
Name PATASNIK, IRA
Address C/O WILSON MANAGEMENT
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name ZWEIG, HERBERT
Address C/O WILSON MANAGEMENT
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title ASST SECRETARY/DIRECTOR
Name KIBALO, MARILYN
Address C/O WILSON MANAGEMENT
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name FARUKI, GILGAMESH
Address C/O WILSON MANAGEMENT
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name SPRAGUE, MARTA
Address C/O WILSON MANAGEMENT
 1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name GIOFFRE, MERCURIO
Address C/O WILSON MANAGEMENT
 1300 NW 17TH AVE SUITE 270
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: IRA PATASNIK

SECRETARY

01/23/2025

Electronic Signature of Signing Officer/Director Detail

Date