2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# N14047

Entity Name: BERMUDA RUN MASTER ASSOCIATION, INC.

Current Principal Place of Business:

13 BERMUDA RUN WAY
SAINT AUGUSTINE, FL 32084 US

New Principal Place of Business:

13 BERMUDA RUN WAY
SAINT AUGUSTINE, FL 32080 US

Current Mailing Address:

13 BERMUDA RUN WAY
SAINT AUGUSTINE, FL 32084 US

New Mailing Address:

13 BERMUDA RUN WAY
SAINT AUGUSTINE, FL 32080

FEI Number: 59-1284617 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMEL, RAY H
13 BERMUDA RUN WAY
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KIERNAN, SHELTON
Address: 288 BLVD DES PINS
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: ST ( ) Delete
Name: HAMEL, RAYMOND H
Address: 13 BERMUDA RUN WAY
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Delete
Name: KOKKINOS, MICHAEL
Address: 11731 SEAWARD CT
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete
Name: AUDAY, SALVADOR
Address: 1 BERMUDA RUN WAY UNIT 11
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: PD ( ) Delete
Name: FORD, TIM
Address: 29 BERMUDA RUNWAY
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RAYMOND H HAMEL ST 03/19/2009
Electronic Signature of Signing Officer or Director Date