

FILE NOW: FILING FEE IS \$61.25

FILED
May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N14048 (5)
1. Corporation Name
BERMUDA RUN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O JOHN S. DUSS, IV 200 W. FORSYTH ST., SUITE 1600 JACKSONVILLE FL 32202	Mailing Address C/O JOHN S. DUSS, IV 200 W. FORSYTH ST., SUITE 1600 JACKSONVILLE FL 32202-4359
--	---

3. Date Incorporated or Qualified 03/27/1986	3a. Date of Last Report 01/25/1996
--	--

2. Principal Place of Business 21 50 N. Laura Street Suite, Apt. #, etc. 22 Suite 2800 City & State 23 Jacksonville, FL Zip 24 32202	2a. Mailing Address 26 50 N. Laura Street Suite, Apt. #, etc. 27 Suite 2800 City & State 28 Jacksonville, FL Zip 29 32202
---	--

4. FEI Number 59-2874325	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
DUSS, JOHN S., IV
200 WEST FORSYTH STREET
SUITE 1600
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
81 Name
John S. Duss, IV
82 Street Address (P.O. Box Number is Not Acceptable)
50 N. Laura Street
83 **Suite 2800**
84 City
Jacksonville **FL** 85 Zip Code
32202

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUSS, JOHN S. IV	1.2 NAME	
STREET ADDRESS	200 W. FORSYTH ST. #1600	1.3 STREET ADDRESS	50 N. Laura Street, Suite 2800
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOKKINOS, MICHAEL	2.2 NAME	
STREET ADDRESS	11731 SEWARD COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	2.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELLON, LOURDES	3.2 NAME	
STREET ADDRESS	ONE BERMUDA RUN WAY #3	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **4.24.97** (904) 630-5353
DATE: _____ DAYTIME PHONE: _____

CRE037 (9/96)