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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N14048

1. Corporation Name

BERMUDA RUN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

50 N. LAURA STREET
 STE. 2800
 JACKSONVILLE FL 32202
 US

Mailing Address

50 N. LAURA STREET
 STE. 2800
 JACKSONVILLE FL 32202
 US



2. Principal Place of Business

21 | 1 Bermuda Run Way

Suite, Apt. #, etc.
 22 | Unit #10

City & State
 23 | St. Augustine Beach, FL

Zip Country
 24 | 32084 25 | U.S.A.

2a. Mailing Address

26 | 9410 Florida Mining Blvd.

Suite, Apt. #, etc.
 27

City & State
 28 | Jacksonville, FL

Zip Country
 29 | 32257 30 | U.S.A.

3. Date Incorporated or Qualified

03/27/1986

4. FEI Number
 59-2874325

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

DUSS, JOHN S., IV
 50 N. LAURA STREET
 STE. 2800
 JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
 Michael Kokkinos
 82 Street Address (P.O. Box Number is Not Acceptable)
 9410 Florida Mining Blvd.
 83
 84 City
 Jacksonville FL 85 Zip Code
 32257

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 *Michael Kokkinos* Michael Kokkinos, Treasurer April 23, 1999
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	DUSS, JOHN S. IV	
STREET ADDRESS	50 N. LAURA ST., STE. 2800	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	KOKKINOS, MICHAEL	
STREET ADDRESS	11731 SEWARD COURT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TS	<input checked="" type="checkbox"/> DELETE
NAME	CASTELLON, LOURDES	
STREET ADDRESS	ONE BERMUDA RUN WAY #3	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NICHOLS, DEBORAH L.	
1.3 STREET ADDRESS	743 Hunter Road	
1.4 CITY-ST-ZIP	Hayesville, NC 28904	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CASTELLON, CARLOS	
2.3 STREET ADDRESS	Route 13, Box 32	
2.4 CITY-ST-ZIP	Lake City, FL 32055-9089	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GUNDERSON, NANCY	
3.3 STREET ADDRESS	4285 Lazy Acres Road	
3.4 CITY-ST-ZIP	Middleburg, FL 32068	
4.1 TITLE	I	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KOKKINOS, MICHAEL	
4.3 STREET ADDRESS	9410 Florida Mining Blvd.	
4.4 CITY-ST-ZIP	Jacksonville, FL 32257	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LEWIS, BILL	
5.3 STREET ADDRESS	340 Stepping Stone Drive	
5.4 CITY-ST-ZIP	Alpharetta, GA 30004	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: *Deborah L. Nichols* Deborah L. Nichols, Pres. 04-22-99 828-389-8038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)