

DOCUMENT # N14048

1. Entity Name

BERMUDA RUN CONDOMINIUM ASSOCIATION, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

02-09-2000 90220 018 ****61.25

| | |
|---|--|
| Principal Place of Business 50 N. LAURA STREET STE. 2800 JACKSONVILLE FL 32202 US | Mailing Address 50 N. LAURA STREET STE. 2800 JACKSONVILLE FL 32202-3656 US |
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|--|--|
| 2. Principal Place of Business 4410 Florida Mining Blvd | 3. Mailing Address 4410 Florida Mining Blvd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|------------------------------|------------------------------|
| City & State Jacksonville | City & State Jacksonville |
| Zip 32257 | Country US |
| Zip 32257 | Country US |

4. FEI Number **59-2874325** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 6. Name and Address of Current Registered Agent DUSS, JOHN S. IV 50 N. LAURA STREET STE. 2800 JACKSONVILLE FL 32202 | 7. Name and Address of New Registered Agent Name: Michael T. Kokkinos Street Address (P.O. Box Number is Not Acceptable): 4410 Florida Mining Blvd City: Jacksonville FL Zip Code: 32257 |
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8. 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 T. Kokkinos DATE: 1-26-00

Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-----------------------------|--|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP <input checked="" type="checkbox"/> Delete DUSS, JOHN S. IV 50 N. LAURA ST., STE. 2800 JACKSONVILLE FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Pres-D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Walter A. Cerrato 3561 Palmer Dr. Titusville, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP <input type="checkbox"/> Delete KOKKINOS, MICHAEL 11731 SEWARD COURT JACKSONVILLE FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS <input type="checkbox"/> Delete CASTELLON, LOURDES ONE BERMUDA RUN WAY #3 ST. AUGUSTINE FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael T. Kokkinos DATE: 1-26-00 DAYTIME PHONE #: 904-262-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)