

FILED
Mar 31, 2002 8:00 am
Secretary of State

02-13-2002 90142 035 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14048

1. Entity Name
BERMUDA RUN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 9410 FLORIDA MINING BLVD. JACKSONVILLE FL 32257 US	Mailing Address 9410 FLORIDA MINING BLVD. JACKSONVILLE FL 32257 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business One Bermuda Run Way	3. Mailing Address P.O. Box 351239
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State St. Augustine FL	City & State Jacksonville FL	4. FEI Number 59-2874325	Applied For <input type="checkbox"/> Not Applicable
ZIP 32084	Country	ZIP 32235	Country

6. Name and Address of Current Registered Agent KOKKINOS, MICHAEL 9410 FLORIDA MINING BLVD. JACKSONVILLE FL 32257	7. Name and Address of New Registered Agent Name Michael Kokkinos Street Address (P.O. Box Number is Not Acceptable) 11731 Seaward Court City Jacksonville FL Zip Code 32225
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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 _____ DATE **1.24.02**

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

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CERRATO, WALTER A 3581 PULMER DR. TITUSVILLE FL <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	DT KOKKINOS, MICHAEL 11731 SEWARD COURT JACKSONVILLE FL <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	TS CASTELLON, LOURDES ONE BERMUDA RUN WAY #3 ST. AUGUSTINE FL <input checked="" 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	TS Norma Dew 407 SW 40TH TERRACE GAINESVILLE, Florida 32607 <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: _____ DATE **1.24.02** DAYTIME PHONE # **904.262.3300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE037 (9/01)