

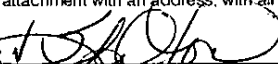


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90037 016 \*\*\*\*61.25

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # N14048</b>  |  |  |   |         |  |
| 1. Entity Name<br>BERMUDA RUN CONDOMINIUM ASSOCIATION, INC.   |  |  |   |  |  |
| Principal Place of Business<br>ONE BERMUDA RUN WAY<br>SAINT AUGUSTINE, FL 32084 US  |  |  | Mailing Address<br><del>102 SANDBAR WAY</del><br>SAINT AUGUSTINE, FL 32080 US                                   |  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address<br>P. O. Box 2041       |   |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                        |   |  |  |
| City & State  |  | City & State<br>St. Augustine, FL          |   | 4. FEI Number<br>59-2874325  |  |
| Zip   |  | Country<br>USA                             |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 32085   |  | 32085                                      |   | 03202005 Chg-NP CR2E037 (10/03)  |  |
| 6. Name and Address of Current Registered Agent   |  |  | 7. Name and Address of New Registered Agent   |  |  |
| CHAMBERS, WANDA S<br>102 SANDBAR WAY<br>SAINT AUGUSTINE, FL 32080   |  |  | Name<br>Shelton Kiernan   |  |  |
|   |  |  | Street Address (P.O. Box Number is Not Acceptable)<br>288 Boulevard des Pins                                    |  |  |
|   |  |  | City<br>St. Augustine FL Zip Code<br>32080  |  |  |
| 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. I am familiar with, and accept the obligations of registered agent.   |  |  |   |  |  |
| SIGNATURE <br>Shelton Kiernan  |  |  | Mar 25 2005<br>DATE   |  |  |
| Filing Fee is \$61.25<br>Due by May 1, 2005   |  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  | Make check payable to:<br>Florida Department of State                        |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>SALVADOR, AUDAY<br>1760 VERNON LN<br>SUPERIOR, CO 80027            | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DVP<br>KERNAN, SHELTON<br>288 BLVD DES PINS<br>SAINT AUGUSTINE, FL 32080 | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D P  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DT<br>CHAMBERS, WANDA S<br>102 SANDBAR WAY<br>SAINT AUGUSTINE, FL 32080  | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>DEW, NORMA<br>407 SW 40TH TERRACE<br>GAINESVILLE, FL 32607          | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D S<br>Dew, Norma<br>2 Bermuda Run Way, #6<br>St. Augustine, FL 32080                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>Kokkinos, Michael<br>11731 Seaward Court<br>Jacksonville, FL 32225                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>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)(j), 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: <br>Shelton Kiernan, President  |  |  | Mar/ 2005 (904) 471-7151<br>Date Daytime Phone #  |  |  |