

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N14048

1. Entity Name
BERMUDA RUN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
ONE BERMUDA RUN WAY
SAINT AUGUSTINE, FL 32084 US

Mailing Address
P.O. BOX 2041
SAINT AUGUSTINE, FL 32085 US



02092007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2874325

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIERNAN, SHELTON
288 BOULEVARD DES PINS
SAINT AUGUSTINE, FL 32080

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000633033
02/28/07-80009-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SALVADOR, AUDAY
STREET ADDRESS	1760 VERNON LN
CITY-ST-ZIP	SUPERIOR, CO 80027
TITLE	DP
NAME	KERNAN, SHELTON
STREET ADDRESS	288 BLVD DES PINS
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080
TITLE	DS
NAME	DEW, NORMA
STREET ADDRESS	2 BERMUDA RUN WAY #6
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080

TITLE	D
NAME	KOKKINOS, MICHAEL
STREET ADDRESS	11731 SEAWARD COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32225

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #