


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 AM
Secretary of State

DOCUMENT # N14048 1. Entity Name BERMUDA RUN CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business ONE BERMUDA RUN WAY SAINT AUGUSTINE, FL 32084 US	Mailing Address P.O. BOX 2041 SAINT AUGUSTINE, FL 32085 US
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DO NOT WRITE IN THIS SPACE



02172008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2874325	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALVADOR, AUDAY 1760 VERNON LN SUPERIOR, CO 80027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KERNAN, SHELTON 288 BLVD DES PINS SAINT AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DEW, NORMA 2 BERMUDA RUN WAY #6 SAINT AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOKKINOS, MICHAEL 11731 SEAWARD COURT 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: 	Date: 12-31-08	Daytime Phone #: 9044716800
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