


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.



Principal Place of Business Mailing Address
 ONE BERMUDA RUN WAY P.O. BOX 2041
 SAINT AUGUSTINE, FL 32084 US SAINT AUGUSTINE, FL 32085 US

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

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. **\$5.00 May Be Added to Fees**

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	

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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: *S. Kiernan* 12.21.08 9044716800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #