

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14048

FILED
Feb 18, 2009
Secretary of State

Entity Name: BERMUDA RUN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

ONE BERMUDA RUN WAY
SAINT AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2874325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SALVADOR, AUDAY
Address: 1760 VERNON LN
City-St-Zip: SUPERIOR, CO 80027

Title: DP () Delete
Name: KERNAN, SHELTON
Address: 288 BLVD DES PINS
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: DS () Delete
Name: DEW, NORMA
Address: 2 BERMUDA RUN WAY #6
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: KOKKINOS, MICHAEL
Address: 11731 SEAWARD COURT
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELTON KIERNAN

PRES

02/18/2009

Electronic Signature of Signing Officer or Director

_____ Date