


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90086 029 ****61.25

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
~~PO BOX 351233
JACKSONVILLE FL 32235
US~~

22003772



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
30 OCEAN PINES DR.
Suite, Apt. #, etc.

City & State
St. Augustine, FL

City & State
St. Augustine, FL

Zip
32080

Country
USA

4. FEI Number **59-2874325**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

-CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
~~KOKKINOS, MICHAEL
11731 SEAWARD COURT
JACKSONVILLE FL 32225~~

7. Name and Address of New Registered Agent

Name
WANDA S. CHAMBERS

Street Address (P.O. Box Number is Not Acceptable)
30 OCEAN PINES DRIVE

City
St. Augustine FL Zip Code
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 **WANDA S. CHAMBERS** *Wanda S. Chambers* **2-3-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CERRATO, WALTER A 3561 PULMER DR. TITUSVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KOKKINOS, MICHAEL 11731 SEWARD COURT JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DEW, NORMA 407 SW 40TH TERRACE GAINESVILLE FL 32607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P SALVADOR AUDA 1760 VERNON LANE SUPERIOR, CO 80027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP SHELTON KIERNAN 288 BLVD DES PINS ST. AUGUSTINE, FL 32080	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, T WANDA S. CHAMBERS 30 OCEAN PINES DRIVE ST. AUGUSTINE, FL 32080	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NORMA, DEW 407 SW 40TH TERRACE GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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)(i), 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: *Wanda S. Chambers* **2-3-03** (904) 461-3151

Signature and typed or printed name of signing officer or director

CR2E037 (10/02)