

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR).

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90008 044 \*\*\*\*61.25

**DOCUMENT # N14049**

1. Entity Name

**BERMUDA RUN PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**16 BERMUDA RUN  
ST AUGUSTINE FL 32084  
US**

Mailing Address  
**16 BERMUDA RUN  
ST AUGUSTINE FL 32080  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-2970225**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAYES, ROBERT  
16 BERMUDA RUN  
ST. AUGUSTINE FL 32084**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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 **P** ☒ Delete  
NAME **FORD, TIM**  
STREET ADDRESS **29 BERMUDA RUN**  
CITY-ST-ZIP **SAINT AUGUSTINE FL 32080**

TITLE **D** ☐ Delete  
NAME **MAYES, JEAN**  
STREET ADDRESS **16 BERMUDA RUN**  
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE **P. RAYMOND HAMEL** ☐ Delete  
NAME **13 BERMUDA RUN**  
STREET ADDRESS **ST AUGUSTINE FL 32080**  
CITY-ST-ZIP

TITLE **SECRETARY** ☐ Delete  
NAME **BARBARA HAMEL**  
STREET ADDRESS **13 BERMUDA RUN**  
CITY-ST-ZIP **ST. AUGUSTINE - 32080**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an other like empowered.

SIGNATURE:

*Robert A. Mayes*