

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **761684** (0)
1. Corporation Name
FAREHAM SQUARE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 301 2ND STREET N. ST PETERSBURG FL 33701
Mailing Address: 3129 49TH STREET, NORTH ST. PETERSBURG FL 33710-2727 US

3. Date Incorporated or Qualified 02/02/1982	3a. Date of Last Report 04/05/1995
4. FEI Number 59-2428012	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent WASILIK, RICHARD F. S & R PROPERTY MANAGEMENT, INC. 3129 - 49TH STREET, NORTH ST. PETERSBURG FL 33710	10. Name and Address of New Registered Agent
81 Name	82 Street Address (P.C. Box Number is Not Acceptable)
83	84 City
	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP FECHTMULLER, WILLIAM 301 2ND ST #14 ST. PETERSBURG FL	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	DST EDWARDS, FRANCES 301 2ND STREET, NORTH #7 ST. PETERSBURG FL	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	D CHARLEEN HARRINGTON
STREET ADDRESS		23 STREET ADDRESS	301 AND ST. No. #7
CITY-ST-ZIP		24 CITY-ST-ZIP	ST PETERSBURG FL
TITLE	D COLE JR., EDWARD DR. 301 2ND STREET, NO. 12 ST. PETERSBURG FL	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	DVP ROBERT MOORE
STREET ADDRESS		33 STREET ADDRESS	301 AND ST. No. #17
CITY-ST-ZIP		34 CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	D TRIPP, JOHN 301 2ND STREET, NO. #11 ST. PETERSBURG FL	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	DST
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	DVP STAMPER, CAROLYN 301 2ND ST #13 ST PETERSBURG FL	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	D
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **1/16/96** (913) 522-7368
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (12/95)