

FILE NOW: FILING FEE IS \$61.25

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Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 02/02/1982	3a. Date of Last Report 04/18/1996
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. Country	30. Country

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.O. Box Number is Not Acceptable)	
83. City	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FECHTMULLER, WILLIAM	
STREET ADDRESS	301 2ND ST #14	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHARLEEN HARRINGTON	
STREET ADDRESS	301 2ND STREET, NORTH #7	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	ROBERT MOORE	
STREET ADDRESS	301 2ND STREET, NO. #17	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	TRIPP, JOHN	
STREET ADDRESS	301 2ND STREET, NO. #11	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STAMPER, CAROLYN	
STREET ADDRESS	301 2ND ST #13	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D ALLAN BROCKWAY
2.3 STREET ADDRESS	301-2ND ST. NORTH #3
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DST JACK LONG
4.3 STREET ADDRESS	301-2ND STREET NO # 19
4.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33701
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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, as an attachment with an address.

SIGNATURE: _____ DATE: **04/09/97**

CR2E037 (9/96)