


5-5-48 B-6507 - C  
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 May 05 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Northam  
 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

4. FEI Number: 59-2428012  
 Applied For:  Yes  Not Applicable

2. Principal Place of Business  
 21 5530 1st Ave N.  
 Suite, Apt. #, etc.

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

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

22 City & State: St Petersburg, FL  
 27 City & State: St. Petersburg, FL

7. Is this nonprofit corporation a homeowners association?  Yes  No

24 Zip: 33713  
 25 Country  
 28 Zip: 33743-7061  
 30 Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
 WASILUK, 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: Lisheid, Debra K  
 82 Street Address (P.O. Box Number is Not Acceptable): 5530 1st Ave N  
 83  
 84 City: St. Petersburg FL 85 Zip Code: 33710

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: *Debra A. Lisheid* Debra A. Lisheid 4-27-98  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DP	<input type="checkbox"/>
NAME	FECHTMULLER, WILLIAM	
STREET ADDRESS	301 2ND ST #14	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/>
NAME	BROCKWAY, ALLAN	
STREET ADDRESS	301 2ND STREET NORTH, #3	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DVP	<input type="checkbox"/>
NAME	ROBERT MOORE	
STREET ADDRESS	301 2ND STREET, NO. #17	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DST	<input type="checkbox"/>
NAME	LONG, JACK	
STREET ADDRESS	301 2ND STREET NORTH, #19	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/>
NAME	STAMPER, CAROLYN	
STREET ADDRESS	301 2ND ST #13	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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: *Allan R. Brockway* ALLAN R. BROCKWAY / 4-27-98 813-381-1717

CF2E037 (10/97)