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**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90038 025 \*\*\*\*61.25

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 761684**

1. Corporation Name

**FAREHAM SQUARE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

5530 1ST AVE N  
 ST PETERSBURG FL 33713  
 US

Mailing Address

P O BOX 47068  
 ST. PETERSBURG FL 33743-0680  
 US

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

02/02/1982

4. FEI Number

59-2428012

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LISHEID, DEBRA R  
 5530 1ST AVE N  
 ST. PETERSBURG FL 33110

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 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

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  
 NAME FECHTMULLER, WILLIAM  
 STREET ADDRESS 301 2ND ST #14  
 CITY-ST-ZIP ST. PETERSBURG FL

TITLE D  
 NAME BROCKWAY, ALLAN  
 STREET ADDRESS 301 2ND STREET NORTH, #3  
 CITY-ST-ZIP ST. PETERSBURG FL

TITLE DVP  
 NAME ROBERT MOORE  
 STREET ADDRESS 301 2ND STREET, NO. #17  
 CITY-ST-ZIP ST. PETERSBURG FL

TITLE DST  
 NAME LONG, JACK  
 STREET ADDRESS 301 2ND STREET NORTH, #19  
 CITY-ST-ZIP ST. PETERSBURG FL

TITLE D  DELETE  
 NAME STAMPER, CAROLYN  
 STREET ADDRESS 301 2ND ST #13  
 CITY-ST-ZIP ST PETERSBURG FL

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME Fechtmuller, William  
 1.3 STREET ADDRESS 301 2nd St. #14  
 1.4 CITY-ST-ZIP St. Petersburg, FL.

2.1 TITLE  Change  Addition  
 2.2 NAME Brockway, Allan  
 2.3 STREET ADDRESS 301 2nd St. No. #3  
 2.4 CITY-ST-ZIP St. Petersburg, FL.

3.1 TITLE  Change  Addition  
 3.2 NAME St. Sewell, James  
 3.3 STREET ADDRESS 301 2nd St. No. #4  
 3.4 CITY-ST-ZIP St. Petersburg, FL.

4.1 TITLE  Change  Addition  
 4.2 NAME VP Long, Jack  
 4.3 STREET ADDRESS 301 2nd St. No. #19  
 4.4 CITY-ST-ZIP St. Petersburg, FL.

5.1 TITLE  Change  Addition  
 5.2 NAME D Tripp, Sally  
 5.3 STREET ADDRESS 301 2nd St. No #11  
 5.4 CITY-ST-ZIP St. Petersburg, FL. 33701

6.1 TITLE  Change  Addition  
 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, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037..(1/198)