


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2004 8:00 am
Secretary of State

06-21-2004 90003 040 ****61.25

DOCUMENT # 761684

1. Entity Name
FAREHAM SQUARE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

5530 1ST AVE N **P O BOX 47068**
SAINT PETERSBURG, FL, 33710 US **ST. PETERSBURG, FL 33743-060 US**

54058160



05192004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2428012 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WELTON, RONALD D
5530 1ST AVE N
SAINT PETERSBURG, FL 33710

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

Filing Fee is \$61.25
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	FALKENBERRY, REBECCA
STREET ADDRESS	301 2ND ST #14
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	PD
NAME	SAUTER, DREW
STREET ADDRESS	200 2ND ST. SO. #410
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	ST
NAME	BROCKWAY, ALLEN DR.
STREET ADDRESS	301 2ND STREET NO. #3
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	D
NAME	LONG, JACK E
STREET ADDRESS	301 2ND ST. NO. #19
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	D
NAME	YETTER, IRIS
STREET ADDRESS	301 2ND ST. NO. #7
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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 all other like empowered.

SIGNATURE: *Andrew J. [Signature]* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR