## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 761684** 

Entity Name: FAREHAM SQUARE CONDOMINIUM ASSOCIATION, INC.

**FILED** Mar 18, 2016 **Secretary of State** CC7785409365

## **Current Principal Place of Business:**

301 2ND STREET N

ST. PETERSBURG. FL 33701

## **Current Mailing Address:**

THE PROFESSIONAL CENTER 7800 66TH STREET N. SUITE # 205 PINELLAS PARK. FL 33781 US

FEI Number: 59-2428012 Certificate of Status Desired: No.

## Name and Address of Current Registered Agent:

CONDOMINIUM MGMT GROUP THE PROFESSIONAL CENTER 7800 66TH STREET N. SUITE # 205 PINELLAS PARK, FL 33781 US

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.

SIGNATURE: RONALD WELTON 03/18/2016

> Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title Title VΡ

FURTEK, ROBERT Name Name CLEES, ROBERT

Address THE PROFESSIONAL CENTER Address THE PROFESSIONAL CENTER

> 7800 66TH STREET N. SUITE # 205 7800 66TH STREET N. SUITE # 205

PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 City-State-Zip: City-State-Zip:

Title **SECRETARY** Title **TREASURER** 

SEWELL, JIM SHANNON, BRAD Name Name THE PROFESSIONAL CENTER THE PROFESSIONAL CENTER Address

7800 66TH STREET N. SUITE # 205 7800 66TH STREET N. SUITE # 205

PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 City-State-Zip:

Title **DIRECTOR** 

BLEWS, WILLIAM Name

Address

City-State-Zip:

THE PROFESSIONAL CENTER Address

7800 66TH STREET N. SUITE # 205

PINELLAS PARK FL 33781 City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

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