

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761684

Entity Name: FAREHAM SQUARE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7800 66TH ST. N.
#205
PINELLAS PARK, FL 33781

FILED
Jan 04, 2017
Secretary of State
CC2683547331

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: TONIE J JACKSON

01/04/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name FURTEK, ROBERT
Address THE PROFESSIONAL CENTER
7800 66TH STREET N. SUITE # 205
City-State-Zip: PINELLAS PARK FL 33781

Title VP
Name CLEES, ROBERT
Address THE PROFESSIONAL CENTER
7800 66TH STREET N. SUITE # 205
City-State-Zip: PINELLAS PARK FL 33781

Title SECRETARY
Name SHANNON, BRAD
Address THE PROFESSIONAL CENTER
7800 66TH STREET N. SUITE # 205
City-State-Zip: PINELLAS PARK FL 33781

Title SECRETARY
Name SHANNON, BRAD
Address THE PROFESSIONAL CENTER
7800 66TH STREET N. SUITE # 205
City-State-Zip: PINELLAS PARK FL 33781

Title TREASURER
Name BLEWS, WILLIAM
Address THE PROFESSIONAL CENTER
7800 66TH STREET N. SUITE # 205
City-State-Zip: PINELLAS PARK FL 33781

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.

SIGNATURE: ROBERT FURTEK

P

01/04/2017

Electronic Signature of Signing Officer/Director Detail

Date