

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**NON-PROFIT**

**PROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N33219**

1. Corporation Name  
**Duthie-Freeman Centre Condominium Assoc., Inc.**

Principal Place of Business: **c/o J. Hustad, 388 S. Military Trail, W. P. Beach, FL 33415**  
Mailing Address: **Same**

3. Date Incorporated or Qualified: **7/11/89**  
3a. Date of Last Report

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. State, Apt. #, etc	26. State, Apt. #, etc	<b>65-0178201</b>	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>Hustad Management 388 S. Military Trail W. P. Beach, FL 33415</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b> 85. Zip Code

11. Pursuant to the provisions of Sections 607.0532 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NAME: Registered Agent's signature (required when registering) DATE: \_\_\_\_\_)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>V/D &amp; P/D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robert Dunn</b>	1.2 NAME	
STREET ADDRESS	<b>4400 Charlotte St. #E</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>Lake Worth, FL 33461</b>	1.4 CITY- ST- ZIP	
TITLE	<b>S/T/D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Al Bruno</b>	2.2 NAME	
STREET ADDRESS	<b>167 Everglade Ave</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>Palm Beach, FL 33480</b>	2.4 CITY- ST- ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bob Williamson</b>	3.2 NAME	
STREET ADDRESS	<b>7127 Bobalink Ct.</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>Lake Worth, FL 33467</b>	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	<b>900001847259</b>
CITY- ST- ZIP		4.4 CITY- ST- ZIP	<b>-06/03/96--01022--023</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>***61.25</b>
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert Dunn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ROBERT DUNN**

DATE: **4-4-94** DATE: **969-8296**

CR2E034 (12/95)

*al/5/1/96*  
*JP 4-4-94*