'FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 1. Corporation Name

N33219

DUTHIE-FREEMAN CENTRE CONDOMINIUM ASSOCIATION, I NC.

COL HISTAD Side Substitution Side	Principal Place of Business Mailing Address						
See S. Bullifart TRAIL See S. Bullifart TRAIL VPAIL BEACH FL 33H5-2008 S. Date of Last Report OR/01/1989 S. Date of Status Desired S. Date of Last Report OR/01/1989 S. Date of Status Desired OR/01/1989 S. Date	,						
US							
Suite, April #, etc. Suite, April #, etc. Total Country Suite, April #, etc.	I					3. Date Incorporated or Qualified	
Salich, Apt #, efc. Suite, Apt #, efc. Suite,	1	lace of Business		i. Mailing Address		GE_0170901	
Cay & State Cay & Country Zp Zp Country Zp Cay & State C		#, etc.		Suite, Apt. #, etc.		SR 75 Additional	
Country 28 Country 28 Country 29 Country 20 Count	L					6 Continues of Status Degree	
Zip Country Zip So So Find Statutes Find Statute	City & State		City & State			, , , , , , , , , , , , , , , , , , , ,	
25 26 26 30 Florida Statutes Ves V							
The HUSTAD MANAGEMENT 388 SOUTH MILITARY TRAIL WEST PAIM BEACH, FL 13415 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 agent, or both, in the State of Forida Such change was submixed by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Forida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and accept the originators of, Section 617.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and accept the originators of, Section 617.0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 12. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12 12. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12 13. REFERENCES TO THE OFFICER AND OFFICERS AND DIRECTORS IN 12 14. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONSCHANGES TO OFFICERS AND DIRE					1		
STO	24			0]			
SIGNATURE UND POPPINGERS AND DIRECTORS THE STD X DELETE THE STD		g. Name and Address of Currer	it vedisteled want	81	Name		
388 SOUTH MILITARY TRAIL WEST PALM BEACH, FL FL 33415 85 City FL 085 85 City FL 085 86 City FL 085 87 City FL 085 88 City FL 085 88 City FL 085 88 City Strong to printed agent, or both, in the State of Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered diffice or registered agent, or both, in the State of Fiorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered diffice or registered agent, in training with, and accept the obligations of, Socion 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered diffice or registered agent, and accept the appointment as registered diffice or registered d	LILIETAD	. A44446750695547-					
Number N				82	Street	it Address (P.O. Box Number is Not Acceptable)	
TIL. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agend, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agend. I am familiar with, and accept the obligations of, Section 617.0503, Florids Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE TO Change Addition Addition Addition Addition Addition The STD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE STD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE TO CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE TO CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE TO CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE TO CHANGE STATES AND DIRECTORS IN 12 TILLE TO CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE TO CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE TO CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE TO CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE TO CHANGE TO OFFICERS AND DIRECTORS IN 12 TILLE TO CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE TO CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE TO CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE TO CHANGE A				83	 		
SIGNATURE				84	City	FL 85 Zip Code	
SIGNATURE	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						
SIGNATURE Signature, typed or printed narmed of registered agent and site if applicable (NOTE Registered Agent algorithms required when reinitating) DATE	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. Lam familiar with, and accept the obligations of Section 617.0503. Florida Statutes.						
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VDP VDP VDP VUNN ROBERT UNN POSSIBLET ADDRESS V PRESIDENT DO Shelhamer UNN Shelhamer UNN Shelhamer UNN Shelhamer UNN Shelhamer UNN Shelhamer UNN SHELLAODRESS VO BOX 160 UNN SHELMAND UNILLIAMSON, BOB UNILLIAMSON, B							
Title	3IGIVATORE _	Signature, typed or printed name of registered age	ent and title it applicable. (NOTE: R	legistered Ag	ent eigna turi		
NAME STREET ADDRESS CATY-ST-ZPP CAMP Change C							
13 STREET ADDRESS 14731 N			X_1 DELETE				
LAKE WORTH FL	'' -						
TITLE NAME STREET ADDRESS COTY-ST-ZPP TITLE DELETE DELETE STD W DELETE ATTITLE STD W DELETE ATTITLE DELETE STD STREET ADDRESS AA CITY-ST-ZPP TITLE DELETE STREET ADDRESS COTY-ST-ZPP TITLE DELETE Change Addition Addit							
NAME STREET ADDRESS CHY-SI-ZIP PALM BEACH FL 22 NAME 23 STREET ADDRESS CHY-SI-ZIP PALM BEACH FL 23 STREET ADDRESS CHY-SI-ZIP Change Addition Change Change Addition Change Change Addition Change Change Addition Change Ch			-L DELETE		ST-ZIP	P.Beach Gardens, FL 33418	
167 EVERGLADE AVE			X. Deterio				
DELETE STD					r annbere		
TILE NAME WILLIAMSON, BOB STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL DELETE DELETE DELETE 3.1 TILE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP LAKE WORTH FL DELETE A.1 TILE 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE DELETE DELETE 5.1 TILE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 6.1 TITLE DELETE 6.1 TITLE DELETE 6.1 TITLE DELETE Addition Change Addition	! I			1		# .O.BOX 100	
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE G1 TITLE DELETE G2 NAME Addition Change Addition Change Addition			L DELETE		31-4#	1 Change at 1 Addition	
STREET ADDRESS T127 BOBALINK CT	'		X		·	preas D	
City-St-ZiP			}	•	T ADDRESS		
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE S1 TITLE Sec. D On Radd 44 00 Charlotte St. #L Lake Worth, FL 33461 Change Addition Addition S2 NAME S3 STREET ADDRESS CITY-S1-ZIP TITLE DELETE S2 NAME S3 STREET ADDRESS CITY-S1-ZIP TITLE DELETE S4 CITY-S1-ZIP TITLE DELETE S61 TITLE Change Addition Addition Addition Addition	1						
NAME			DELETE		-i	I Change = Languign	
STREET ADDRESS	NAME			4. 2 NAME			
TITLE	STREET ADDRESS			4.3 STREE	T ADDRESS		
TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS CITY-ST-ZIP CACITY-ST-ZIP CHY-ST-ZIP Change Addition NAME DELETE 6.1 TITLE Change Addition NAME 62 NAME Addition Addition						4400 Chartotte St. #L	
STREET ADDRESS			☐ DELEYE			Change Addition	
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME Change Addition	NAME			5.2 NAME			
TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME	STREET ADDRESS			5.3 STREE	T ADDRESS	s	
TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME	CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
	·		☐ DELETE			☐ Change ☐ Addition	
CONTROL ADDRESS	NAME		+	6.2 NAME			
STREET ADDRESS	STREET ADDRESS		-	6.3 STREE	T ADDRESS	S	

14. I do 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 is changed, or on an attachment with an address.

FILED

May 19 1997 8:00am

Secretary of State