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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N33219

1. Corporation Name

**DUTHIE-FREEMAN CENTRE CONDOMINIUM ASSOCIATION, I
 NC.**

Principal Place of Business

Mailing Address

C/O J. HUSTAD
 388 S MILITARY TRAIL
 W PALM BEACH FL 33415
 US

C/O J. HUSTAD
 388 S MILITARY TRAIL
 W PALM BEACH FL 33415
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/11/1989

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0178201

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

24 Zip Country

25

29 Zip Country

30

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUSTAD, J.
 388 SOUTH MILITARY TRAIL
 WEST PALM BEACH, FL FL 33415

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

TITLE P
 NAME DUNN, BOB
 STREET ADDRESS 4400 CHARLOTTE ST. #E
 CITY-ST-ZIP LAKE WORTH FL

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

Change Addition

TITLE VPD
 NAME SHELHAMER, DON
 STREET ADDRESS PO BOX 160
 CITY-ST-ZIP ROSELAND FL

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

Change Addition

TITLE TD
 NAME DUNN, BOB
 STREET ADDRESS 4400 CHARLOTTE ST. #E
 CITY-ST-ZIP LAKE WORTH FL

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

Change Addition

TITLE SD
 NAME RADD, DON
 STREET ADDRESS 4400 CHARLOTTE ST #L
 CITY-ST-ZIP LAKE WORTH FL

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Dunn
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-99

561 949-3296

Date

Daytime Phone #

CR2E037 (11/98)