

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

04-22-2002 90196 019 ****61.25

DOCUMENT # N33219

1. Entity Name

DUTHIE-FREEMAN CENTRE CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business

Mailing Address

J. HUSTAD
 6 MILITARY TRAIL
 WEST PALM BEACH FL 33415

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0178201

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Delete
 NAME: **DUNN, BOB**
 STREET ADDRESS: **4400 CHARLOTTE ST, #E**
 CITY-ST-ZIP: **LAKE WORTH FL**

TITLE: Change Addition
 NAME: **Treasurer**
 STREET ADDRESS: **Treasurer**
 CITY-ST-ZIP: **Treasurer**

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

TITLE: Change Addition
 NAME: **Treasurer**
 STREET ADDRESS: **Treasurer**
 CITY-ST-ZIP: **Treasurer**

~~TITLE: Delete
 NAME: **DUNN, BOB**
 STREET ADDRESS: **4400 CHARLOTTE ST, #E**
 CITY-ST-ZIP: **LAKE WORTH FL**~~

TITLE: Change Addition
 NAME: **Treasurer**
 STREET ADDRESS: **Treasurer**
 CITY-ST-ZIP: **Treasurer**

TITLE: Delete
 NAME: **RADD, MIKE**
 STREET ADDRESS: **4400 CHARLOTTE ST #1**
 CITY-ST-ZIP: **LAKE WORTH FL**

TITLE: Change Addition
 NAME: **Vice President**
 STREET ADDRESS: **Vice President**
 CITY-ST-ZIP: **Vice President**

TITLE: Delete
 NAME: **Wayne Clark**
 STREET ADDRESS: **4400 H Charlotte St.**
 CITY-ST-ZIP: **Lake Worth, FL 33461**

TITLE: Change Addition
 NAME: **Secretary**
 STREET ADDRESS: **Wayne Clark**
 CITY-ST-ZIP: **4400 H Charlotte St. Lake Worth, FL 33461**

TITLE: Delete
 NAME: **Wayne Clark**
 STREET ADDRESS: **4400 H Charlotte St.**
 CITY-ST-ZIP: **Lake Worth, FL 33461**

TITLE: Change Addition
 NAME: **Secretary**
 STREET ADDRESS: **Wayne Clark**
 CITY-ST-ZIP: **4400 H Charlotte St. Lake Worth, FL 33461**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Dunn R. Robert Dunn

4-10-01

561-969-3294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)