


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90249 027 \*\*\*\*61.25

<b>DOCUMENT # N33219</b>			
1. Entity Name DUTHIE-FREEMAN CENTRE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O J. HUSTAD <del>388 S MILITARY TRAIL</del> <del>W PALM BEACH, FL 33415 US</del>		Mailing Address C/O J. HUSTAD 388 S MILITARY TRAIL <del>W PALM BEACH, FL 33415 US</del>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>NEW ADDRESS</b>		City & State	
Zip Country		Zip Country	
6. Name and Address of Current Registered Agent HUSTAD, J. 388 SOUTH MILITARY TRAIL WEST PALM BEACH, FL, FL 33415 33409		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Accepted)		Street Address (P.O. Box Number is Not Accepted)	
City		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, hand or printed name of registered agent and filer (applicant). (NOTE: Registered Agent's signature required when registering)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D DUNN, BOB <input type="checkbox"/> De'te	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add'tion
NAME	DUNN, BOB	NAME	
STREET ADDRESS	4400 CHARLOTTE ST, #E	STREET ADDRESS	
CITY- ST- ZIP	LAKE WORTH, FL	CITY- ST- ZIP	
TITLE	TD SHELHAMER, DON <input type="checkbox"/> De'te	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add'tion
NAME	SHELHAMER, DON	NAME	
STREET ADDRESS	PO BOX 180	STREET ADDRESS	
CITY- ST- ZIP	ROSELAND, FL	CITY- ST- ZIP	
TITLE	S CLARK, WAYNE <input type="checkbox"/> De'te	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add'tion
NAME	CLARK, WAYNE	NAME	
STREET ADDRESS	4400 H CHARLOTTE STREET	STREET ADDRESS	
CITY- ST- ZIP	LAKE WORTH, FL 33461	CITY- ST- ZIP	
TITLE	SD RADD, DON <input type="checkbox"/> De'te	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add'tion
NAME	RADD, DON	NAME	
STREET ADDRESS	4400 CHARLOTTE ST #L	STREET ADDRESS	
CITY- ST- ZIP	LAKE WORTH, FL	CITY- ST- ZIP	
TITLE	VPD RADD, MIKE <input type="checkbox"/> De'te	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add'tion
NAME	RADD, MIKE	NAME	
STREET ADDRESS	4400 CHARLOTTE STREET 'L'	STREET ADDRESS	
CITY- ST- ZIP	LAKE WORTH, FL	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> De'te	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add'tion
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
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: <u>Bob Dunn / J. Hustad</u>		Date: <u>4/23/05</u> <u>561-689-9600</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	