


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90155 037 \*\*\*\*61.25

<b>DOCUMENT # N33219</b>			
1. Entity Name <b>DUTHIE-FREEMAN CENTRE CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business 1280 N CONGRESS AVE # 107 WEST PALM BEACH FL 33409 US		Mailing Address 1280 N CONGRESS AVE # 107 WEST PALM BEACH FL 33409 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number <b>65-0178201</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>HUSTAD, J.</b> <b>1280 N CONGRESS AVE</b> <b># 107</b> <b>WEST PALM BEACH FL 33409</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>DUNN, BOB</del>	NAME	<b>PRES. JOHN HARRIS</b>
STREET ADDRESS	<del>4400 CHARLOTTE ST, #E</del>	STREET ADDRESS	<b>4400 CHARLOTTE ST, #A</b>
CITY-ST-ZIP	<del>LAKE WORTH FL</del>	CITY-ST-ZIP	<b>LAKE WORTH, FL 33461</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>SHELHAMER, DON</del>	NAME	<b>SEC. [Handwritten]</b>
STREET ADDRESS	<del>PO BOX 160</del>	STREET ADDRESS	
CITY-ST-ZIP	<del>ROSELAND FL</del>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>CLARK, WAYNE</del>	NAME	<b>V. PRES. [Handwritten]</b>
STREET ADDRESS	<del>4400 H CHARLOTTE STREET</del>	STREET ADDRESS	
CITY-ST-ZIP	<del>LAKE WORTH FL 33461</del>	CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>RADD, DON</del>	NAME	
STREET ADDRESS	<del>4400 CHARLOTTE ST #L</del>	STREET ADDRESS	
CITY-ST-ZIP	<del>LAKE WORTH FL</del>	CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>RADD, MIKE</del>	NAME	
STREET ADDRESS	<del>4400 CHARLOTTE STREET 'L'</del>	STREET ADDRESS	
CITY-ST-ZIP	<del>LAKE WORTH FL</del>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>TREAS. ROGER ACHAM</del>	NAME	
STREET ADDRESS	<del>4401 CHARLOTTE ST. # D</del>	STREET ADDRESS	
CITY-ST-ZIP	<del>LAKE WORTH, FL 33461</del>	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 [Signature] **J. HUSTAD** Date **3/30/06** Phone # **561-689-9600**