

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2007 08:00 AM
Secretary of State



DOCUMENT # N33219

1. Entity Name

**DUTHIE-FREEMAN CENTRE CONDOMINIUM
ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1280 N CONGRESS AVE
107
WEST PALM BEACH FL 33409
US

1280 N CONGRESS AVE
107
WEST PALM BEACH FL 33409
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

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.
1280 N CONGRESS AVE
107
WEST PALM BEACH FL 33409

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2007

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

TITLE	P	<input type="checkbox"/> Delete
NAME	HAGGIN, JOHN	
STREET ADDRESS	4400 CHARLOTTE ST #A	
CITY - ST - ZIP	LAKE WORTH FL 33461	

TITLE	S	<input type="checkbox"/> Delete
NAME	SHELHAMER, DON	
STREET ADDRESS	PO BOX 160	
CITY - ST - ZIP	ROSELAND FL	

TITLE	VP	<input type="checkbox"/> Delete
NAME	CLARK, WAYNE	
STREET ADDRESS	4400 H CHARLOTTE STREET	
CITY - ST - ZIP	LAKE WORTH FL 33461	

TITLE	T	<input type="checkbox"/> Delete
NAME	ACHAM, ROGER	
STREET ADDRESS	4401 CHARLOTTE ST #D	
CITY - ST - ZIP	LAKE WORTH FL 33461	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000680130	
CITY - ST - ZIP	04/03/07-80062-017 61.25	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Hustad

3/21/07 561-689-9600

Date

Daytime Phone #