

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33219

FILED
Apr 23, 2009
Secretary of State

Entity Name: DUTHIE-FREEMAN CENTRE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1280 N CONGRESS AVE
107
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

Current Mailing Address:

1280 N CONGRESS AVE
107
WEST PALM BEACH, FL 33409 US

New Mailing Address:

FEI Number: 65-0178201 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUSTAD, J.
1280 N CONGRESS AVE
107
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAGGIN, JOHN
Address: 4400 CHARLOTTE ST #A
City-St-Zip: LAKE WORTH, FL 33461

Title: S () Delete
Name: SHELHAMER, DON
Address: PO BOX 160
City-St-Zip: ROSELAND, FL

Title: VP () Delete
Name: CLARK, WAYNE
Address: 4400 H CHARLOTTE STREET
City-St-Zip: LAKE WORTH, FL 33461

Title: T () Delete
Name: ACHAM, ROGER
Address: 4401 CHARLOTTE ST #D
City-St-Zip: LAKE WORTH, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN HAGGIN

P

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date