

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N33219

**FILED**  
**Apr 05, 2024**  
**Secretary of State**  
**8517878743CC**

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

**Current Principal Place of Business:**

7825 PRESERVE DR.  
WEST PALM BEACH, FL 33412

**Current Mailing Address:**

7825 PRESERVE DR.  
WEST PALM BEACH, FL 33412 US

**FEI Number:** 65-0178201

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HUSTAD, J.  
7825 PRESERVE DR.  
WEST PALM BEACH, FL 33412 US

*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

**Officer/Director Detail :**

Title P  
Name CAMCHE, ROBERT  
Address 4603 WINDWARD COVE LANE  
City-State-Zip: WELLINGTON FL 33449

Title VP  
Name RUSSI, EMANUEL  
Address 4401 CHARLOTTE ST.  
# F  
City-State-Zip: LAKE WORTH FL 33461

Title T+S  
Name SHELHAMER, DONALD  
Address P.O. BOX 160  
City-State-Zip: ROSELAND FL 32957

*I hereby 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 all other like empowered.*

**SIGNATURE:** DONALD SHELHAMER

**SEC/BOOKKEEPER**

**04/05/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date