

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 751803 (8)**

1. Corporation Name

**CHURCHILL CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

611 S E 7TH STREET  
DELRAY BEACH FL 33483

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DELRAY BEACH FL 33483

3. Date Incorporated or Qualified **03/31/1980** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 29 Zip 30 Country

4. FEI Number **59-2004658** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JMD PROPERTIES, INC**  
**885 SE 6 AVE**  
**DELRAY BCH FL 33483**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	OSTROWSKI, EDWARD	
STREET ADDRESS	611 S.E. 7TH STREET, #501	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BRACKETT, JOHN	
STREET ADDRESS	611 SE 7TH ST. 3204	
CITY-ST-ZIP	DELRAY BEACH, FL 3	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KNAUP, HENRY	
STREET ADDRESS	611 S.E. 7TH STREET, #502	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CURTIN, TOM	
STREET ADDRESS	611 S.E. 7TH STREET	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TO	<input checked="" type="checkbox"/> DELETE
NAME	HERZ, PETER	
STREET ADDRESS	611 SE 7TH STREET	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PETER HERZ	
1.3 STREET ADDRESS	611 S.E. 7TH STREET # 304	
1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	
2.1 TITLE	V/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	EDWARD OSTROWSKI	
2.3 STREET ADDRESS	611 S.E. 7TH STREET #501	
2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	
3.1 TITLE	D/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	William Loughlin	
3.3 STREET ADDRESS	611 S.E. 7TH ST. #503	
3.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RICHARD DIBARTOLO	
5.3 STREET ADDRESS	611 S.E. 7TH STREET #206	
5.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 4/19/96 407-265-3666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)