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FILED
Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751803 (8)
 1. Corporation Name
CHURCHILL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 611 S E 7TH STREET DELRAY BEACH FL 33483	Mailing Address 611 S E 7TH STREET DELRAY BEACH FL 33483
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3. Date Incorporated or Qualified 03/31/1980		
4. FEI Number 59-2004658	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent

JMD PROPERTIES, INC
885 SE 8 AVE
DELRAY BCH FL 33483

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	EDWARD OSTROWSKI	
STREET ADDRESS	611 S.E. 7TH STREET #501	
CITY-ST-ZIP	DELRAY BEACH, FL 3	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILLIAM LAUGHLIN	
STREET ADDRESS	611 S.E. 7TH ST., #503	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SACCO, VICTOR	
STREET ADDRESS	611 S.E. 7TH ST., #105	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOORBOSCH, RONALD	
STREET ADDRESS	611 S.E. 7TH ST., #505	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CURTIN, THOMAS	
1.3 STREET ADDRESS	611 S.E. 7TH ST. #303	
1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DIBARTOLO, RICHARD	
2.3 STREET ADDRESS	611 S.E. 7TH ST. #206	
2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **JOSEPH D'AMICO, MAR 23 / 98 561-265-3666**

CF2E037 (10/97)