


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90124 025 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 751803**  
 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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 03/31/1980	4. FEI Number 59-2004658 Applied For Not Applicable	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
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9. Name and Address of Current Registered Agent JMD PROPERTIES, INC 885 SE 6 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 FL 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME EDWARD OSTROWSKI STREET ADDRESS 611 S.E. 7TH STREET #501 CITY-ST-ZIP DELRAY BEACH, FL 3	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME MR Peter Herz 1.3 STREET ADDRESS 611 S.E. 7th Street #201 1.4 CITY-ST-ZIP Delray Bch, FL 33483	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME WILLIAM LAUGHLIN STREET ADDRESS 611 S.E. 7TH ST., #503 CITY-ST-ZIP DELRAY BEACH FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE TD 2.2 NAME MR Richard Di Bartolo 2.3 STREET ADDRESS 611 S.E. 7th St # 206 2.4 CITY-ST-ZIP Delray Bch, FL 33483	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME CURTIN, THOMAS STREET ADDRESS 611 SE 7TH ST #303 CITY-ST-ZIP DELRAY BEACH FL 33483	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD 3.2 NAME MR Edward Ostrowski 3.3 STREET ADDRESS 611 S.E. 7th St # 501 3.4 CITY-ST-ZIP Delray Bch, FL 33483	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME DOORBOSCH, RONALD STREET ADDRESS 611 S.E. 7TH ST., #505 CITY-ST-ZIP DELRAY BCH FL	<input type="checkbox"/> DELETE	4.1 TITLE D 4.2 NAME martin King 4.3 STREET ADDRESS 611 S.E. 7th St. # 503 4.4 CITY-ST-ZIP Delray Bch, FL 33483	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME DIBARTOLO, RICHARD STREET ADDRESS 611 SE 7TH ST #206 CITY-ST-ZIP DELRAY BEACH FL 33483	<input checked="" type="checkbox"/> DELETE	5.1 TITLE VPD 5.2 NAME JOAN Curtin 5.3 STREET ADDRESS 611 S.E. 7th St # 303 5.4 CITY-ST-ZIP Delray Bch, FL 33483	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: Katherine Harris **REQUIRED** Date: 4/20/99 Daytime Phone # \_\_\_\_\_

CR2E037 (11/98)