

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751803

1. Entity Name

CHURCHILL CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90112 015 \*\*\*\*61.25

Principal Place of Business

Mailing Address

611 S E 7TH STREET  
 DELRAY BEACH FL 33483

611 S E 7TH STREET  
 DELRAY BEACH FL 33483-5125



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

98 SE 6th Ave

3. Mailing Address

98 SE 6th Ave

Suite, Apt. #, etc.

Suite 2

Suite, Apt. #, etc.

Suite 2

City & State

Delray Beach FL

City & State

Delray Beach FL

4. FEI Number

59-2004658

Applied For

Not Applicable

Zip

33483

Country

USA

Zip

33483

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Joseph M DeGher

Street Address (P.O. Box Number is Not Acceptable)

98 SE 6th Ave

Suite 2

City Delray Beach FL

Zip Code 33483

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/05/00

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HERZ, PETER MR	
STREET ADDRESS	611 SR 7TH ST., #201	
CITY-ST-ZIP	DELRAY BCH FL 33483	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BI BARTOLO, RICHARD MR	
STREET ADDRESS	611 SE 7TH ST., #200	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	OSTRONWSKI, EDWARD MR	
STREET ADDRESS	611 SE 7TH ST., #501	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KING, MARTIN	
STREET ADDRESS	611 SE 7TH ST., #503	
CITY-ST-ZIP	DELRAY BCH FL 33483	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CURTIN, JOAN	
STREET ADDRESS	611 SE 7TH ST., #030	
CITY-ST-ZIP	DELRAY BEACH FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ostrowski, Edward	
STREET ADDRESS	611 SE 7th St # 501	
CITY-ST-ZIP	Delray Beach FL 33483	
TITLE	Secy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fox, Stan	
STREET ADDRESS	611 SE 7th St # 106	
CITY-ST-ZIP	Delray Beach FL 33483	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sullivan, Eulalie	
STREET ADDRESS	611 SE 7th St # 403	
CITY-ST-ZIP	Delray Beach FL 33483	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ackley, Craig	
STREET ADDRESS	611 SE 7th St # 506	
CITY-ST-ZIP	Delray Beach FL 33483	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Curtin, Tom	
STREET ADDRESS	611 SE 7th St # 030	
CITY-ST-ZIP	Delray Beach FL 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature of Joan Curtin*

4-13-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)