

**2001 UNIFORM BUSINESS REPORT (UBR)**

5/71

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90032 044 \*\*\*\*61.25

**DOCUMENT # 751803**

1. Entity Name

**CHURCHILL CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

98 SE 6TH AVE  
 STE 2  
 DELRAY BEACH FL 33483

98 SE 6TH AVE  
 STE 2  
 DELRAY BEACH FL 33483

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2004658**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAGHER, JOSEPH M**  
**98 SE 6TH AVE**  
**STE 2**  
**DELRAY BCH FL 33483**

Name

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

City

**FL**

Zip Code

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

**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

11. CONDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	Delete
NAME	OSTROWSKI, EDWARD	
STREET ADDRESS	611 SR 7TH ST., #201	
CITY-ST-ZIP	DELRAY BCH FL 33483	
TITLE	S	Delete
NAME	FOX, STAN	
STREET ADDRESS	611 SR 7TH ST., #106	
CITY-ST-ZIP	DELRAY BCH FL 33483	
TITLE	T	Delete
NAME	SULLIVAN, EULALIE	
STREET ADDRESS	611 SR 7TH ST., #201	
CITY-ST-ZIP	DELRAY BCH FL 33483	
TITLE	D	Delete
NAME	ACKLEY, CRAIG	
STREET ADDRESS	611 SR 7TH ST., #506	
CITY-ST-ZIP	DELRAY BCH FL 33483	
TITLE	VPD	Delete
NAME	CURTIN, TOM	
STREET ADDRESS	611 SR 7TH ST., #030	
CITY-ST-ZIP	DELRAY BCH FL 33483	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	Change	Addition
NAME	Di Bartolo		
STREET ADDRESS	611 SE 7th St #200		
CITY-ST-ZIP	DeLray Beach FL 33483		
TITLE	T	Change	Addition
NAME	Fox, Stan		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	Change	Addition
NAME	William E. Fox		
STREET ADDRESS	611 SE 7th St #205		
CITY-ST-ZIP	DeLray Beach FL 33483		
TITLE	D	Change	Addition
NAME	Aaron - Esp. Alena S.		
STREET ADDRESS	611 SE 7th St #402		
CITY-ST-ZIP	DeLray Beach FL 33483		
TITLE	D	Change	Addition
NAME	OSTROWSKI, ED		
STREET ADDRESS	611 SE 7th St #501		
CITY-ST-ZIP	DeLray Beach FL 33483		
TITLE		Change	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)(l), 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]*

4/24/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)