

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90279 048 ****61.25

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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

4. FEI Number

59-2004658

Applied For

Not Applicable

Zip

Country

Zip

Country

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	OSTROWSKI, EDWARD	
STREET ADDRESS	611 SR 7TH ST., #201	
CITY-ST-ZIP	DELRAY BCH FL 33483	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FOX, STAN	
STREET ADDRESS	611 SR 7TH ST., #106	
CITY-ST-ZIP	DELRAY BCH FL 33483	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLEMAN, ELLAN	
STREET ADDRESS	611 SE 7TH #205	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input type="checkbox"/> Delete
NAME	AARONS-EGOL, ALENA S	
STREET ADDRESS	611 SE 7TH ST #405	
CITY-ST-ZIP	DELRAY BCH FL 33483	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OSTTOWSKI, ED	
STREET ADDRESS	611 SW 7TH ST #501	
CITY-ST-ZIP	DELRAY BCH FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aleena S. Ego. Aarons	
STREET ADDRESS	611 SE 7TH ST #405	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeremy office	
STREET ADDRESS	611 SE 7TH ST #404	
CITY-ST-ZIP	Delray Beach FL 33483	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Lou Goodner	
STREET ADDRESS	611 SE 7TH ST #304	
CITY-ST-ZIP	Delray Beach FL 33483	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Yarnans	
STREET ADDRESS	611 SE 7TH ST #505	
CITY-ST-ZIP	Delray Beach FL 33483	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ed Ostrowski	
STREET ADDRESS	611 SE 7TH ST #501	
CITY-ST-ZIP	Delray Beach FL 33483	
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)(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: *Alena S. Ego. Aarons*

Date: *2/22/02*

CR2E037 (9/01)