

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90685 020 \*\*\*\*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 **JMD PROPERTIES, INC.**  
 Suite, Apt. #, etc. **904 SE 5TH AVE**

3. Mailing Address **JMD PROPERTIES, INC.**  
 Suite, Apt. #, etc. **904 SE 5TH AVE**

City & State **DELRAY BEACH FL**      City & State **DELRAY BEACH FL**  
 Zip **33483** Country **USA**      Zip **33483** Country **USA**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent  
**DAGHER, JOSEPH M**  
**98 SE 6TH AVE STE 2**  
**DELRAY BCH FL 33483**

4. FEI Number **59-2004658** Applied For  Not Applicable   
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) **904 SE 5TH AVENUE**  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRENCH, JOHN C 611 SE 7TH STREET # 506 DELRAY BCH FL 33483 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, MARY LOU 611 SE 7TH ST #304 DELRAY BEACH FL 33483 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AARONS-EGOL, ALENE 611 SE 7TH ST #405 DELRAY BCH FL 33483 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OSTROWSKI, ED 611 SW 7TH ST #501 DELRAY BCH FL 33483 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUBIN, ROBERT 611 SE 7TH STREET # 304 DELRAY BEACH FL 33483 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONUSKY, MARY 611 SE 7TH AVE DELRAY BEACH FL 33483 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBT. PARKER 611 SE 7TH ST DELRAY BEACH, FL 33483 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Aleene S Egoal-Aarons  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR