


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90029 011 \*\*\*\*61.25

**DOCUMENT # 751803**  
 1. Entity Name  
**CHURCHILL CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**904 SE 5TH AVE DELRAY BEACH FL 33483 US**



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/07)  
 4. FEI Number **59-2004658** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**DAGHER, JOSEPH M**  
**904 SE 5TH AVE**  
**DELRAY BEACH FL 33483**

**7. Name and Address of New Registered Agent**  
 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. 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, 2008**

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	PD	<input type="checkbox"/> Delete
NAME	EGOL-AARONS, ALENE S	
STREET ADDRESS	611 SE 7TH STREET # 402	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OSTROWSKI, EDWARD	
STREET ADDRESS	611 SE 7TH STREET #501	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	EATON, SCOTT	
STREET ADDRESS	611 S.E. 7TH ST, #103	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PARKER, ROBERT	
STREET ADDRESS	611 SE 7TH STREET #405	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOOTH, PEGGY	
STREET ADDRESS	611 SE 7TH ST., #104	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REINA SCHECTER	
STREET ADDRESS	611 SE 7TH STREET # 306	
CITY-ST-ZIP	DELRAY BEACH, FL. 33483	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 exemptions contained in Section 119, 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: *x Alene Egol-Aarons PRESIDENT* 4/21/08