

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751803

FILED  
Feb 22, 2009  
Secretary of State

Entity Name: CHURCHILL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

904 SE 5TH AVE  
DELRAY BEACH, FL 33483 US

**New Principal Place of Business:**

**Current Mailing Address:**

904 SE 5TH AVE  
DELRAY BEACH, FL 33483 US

**New Mailing Address:**

FEI Number: 59-2004658      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAGHER, JOSEPH M  
904 SE 5TH AVE  
DELRAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: EGOL-AARONS, ALENE S  
Address: 611 SE 7TH STREET # 402  
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: SD ( ) Delete  
Name: OSTROWSKI, EDWARD  
Address: 611 SE 7TH STREET #501  
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: VP ( ) Delete  
Name: PARKER, ROBERT  
Address: 611 SE 7TH STREET #405  
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: D ( ) Delete  
Name: BOOTH, PEGGY  
Address: 611 SE 7TH ST., #104  
City-St-Zip: DELRAY BEACH, FL 33483

Title: TD ( ) Delete  
Name: SCHECTER, RETINA  
Address: 611 SE 7TH ST #306  
City-St-Zip: DELRAY BEACH, FL 33483

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALENE EGOL AARONS

PD

02/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date