


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2003 8:00 am
Secretary of State

04-21-2003 91036 024 ****61.25

DOCUMENT # 751803

1. Entity Name
CHURCHILL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**98 SE 6TH AVE
STE 2
DELRAY BEACH FL 33483**

Mailing Address
**98 SE 6TH AVE
STE 2
DELRAY BEACH FL 33483**

55038797



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

4. FEI Number **59-2004658**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent
**DAGHER, JOSEPH M
98 SE 6TH AVE
STE 2
DELRAY BCH 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 _____
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YEAMANS, CHARLES		NAME	VICE PRESIDENT	
STREET ADDRESS	811 SE 7TH ST #505		STREET ADDRESS	FRENCH, JOHN CHARLES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	DELRAY BCH FL 33483		CITY-ST-ZIP	611 SE 7TH ST. #506 DELRAY BEACH, FL 33483	D
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OFFICE, JEREMY		NAME	GARDNER, MARY LOU	
STREET ADDRESS	811 SE 7TH ST # 404		STREET ADDRESS	611 SE 7TH ST. #304	D
CITY-ST-ZIP	DELRAY BCH FL 33483		CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	S	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, MARY L		NAME	AARONS - EGOL ALENE	
STREET ADDRESS	811 SE 7TH ST #304		STREET ADDRESS	611 SE 7TH ST # 405	D
CITY-ST-ZIP	DELRAY BEACH FL 33483		CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	D	<input type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AARONS-EGOL, ALENA S		NAME	OSTROWSKI, ED	
STREET ADDRESS	811 SE 7TH ST #405		STREET ADDRESS	611 SW 7TH ST #501	T
CITY-ST-ZIP	DELRAY BCH FL 33483		CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSTROWSKI, ED		NAME	LUBIN, ROBERT	
STREET ADDRESS	811 SW 7TH ST #501		STREET ADDRESS	611 SE 7TH ST. #304	D
CITY-ST-ZIP	DELRAY BCH FL 33483		CITY-ST-ZIP	DELRAY BEACH, FL 33483	

CR2E037 (10/02)

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: SIGNATURE *[Signature]* **4/11/03** **561 691-7378**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #