2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#751803

FILED Feb 23, 2006 Secretary of State

Entity Name: CHURCHILL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
904 SE 51 DELRAY I	TH AVE BEACH, FL 33483	US			
Current Mailing Address:			New Maili	New Mailing Address:	
904 SE 51 DELRAY I	TH AVE BEACH, FL 33483	US			
FEI Numbei	r: 59-2004658 FE	El Number Applied For() Fi	El Number Not App	licable () Certificate of Status Desired ()	
Name and	d Address of Curre	ent Registered Agent:	Name and	Address of New Registered Agent:	
904 SE 51 DELRAY I The above	BEACH, FL 33483	US nits this statement for the purpo	ose of changing	its registered office or registered agent, or both,	
SIGNATU	JRE:				
		ignature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () Dele EGOL-AARONS, ALE 611 SE 7TH STREE DELRAY BEACH, FL	ENE S T # 402	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	VPD () Dele OSTROWSKI, EDW, 611 SE 7TH STREE DELRAY BEACH, FL	ARD T#501	Title: Name: Address: City-St-Zip:	() Change () Addition	
	SD () Dele FRENCH, CHARLES 611 SE 7TH STREE	: T #506	Title: Name: Address: City-St-Zip:	SD (X) Change () Addition WHITESIDE, DELORES 611 SE 7TH STREET #404 DELRAY BEACH, FL 33483 US	
Name: Nddress:		. 33483 05	• •		
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip:	DELRAY BEACH, FL TD () Dele PARKER, ROBERT 611 SE 7TH STREE	ete T #405	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 02/23/2006