


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90183 026 \*\*\*\*61.25

<b>DOCUMENT # N00000007602</b> 1. Entity Name CHURCHILL ESTATES HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business PO BOX 893 GONZALEZ, FL 32560	Mailing Address PO BOX 893 GONZALEZ, FL 32560
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**DO NOT WRITE IN THIS SPACE**



03032005 No Chg-NP

CR2E037 (10/03)

4. FEI Number 59-3682755	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MERIDETH, STAN 1968 WINNERS CIRCLE CANTONMENT, FL 32533
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**DO NOT WRITE  
IN THIS SPACE**

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 reconstituting) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARRIS, JAMES PO BOX 893 GONZALEZ, FL 32560
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MOSELEY, JUDIE PO BOX 893 GONZALEZ, FL 32560
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MERIDETH, STAN PO BOX 893 GONZALES, FL 32560
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TAYLOR, WARREN P.O. BOX 893 GONZALEZ, FL 32560
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KEETER, JASON P.O. BOX 893 GONZALEZ, FL 32560
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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:**  **3/3/05** **850-937-8603**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #