

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007602

FILED  
Feb 17, 2010  
Secretary of State

**Entity Name:** CHURCHILL ESTATES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1916 WINNERS CIRCLE  
CANTONMENT, FL 32533

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 893  
GONZALEZ, FL 32560

**New Mailing Address:**

**FEI Number:** 59-3682755

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, EARNEST E JR  
1916 WINNERS CIRCLE  
CANTONMENT, FL 32533 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  
Name: HARRIS, JAMES  
Address: PO BOX 893  
City-St-Zip: GONZALEZ, FL 32560

Title: SD  
Name: MOSELEY, JUDIE  
Address: PO BOX 893  
City-St-Zip: GONZALEZ, FL 32560

Title: T  
Name: WILLIAMS, EARNEST E JR  
Address: PO BOX 893  
City-St-Zip: GONZALES, FL 32560

Title: T  
Name: TAYLOR, WARREN  
Address: P.O. BOX 893  
City-St-Zip: GONZALEZ, FL 32560

Title: TD  
Name: WILLIAMS, EARNEST J  
Address: 1916 WINNERS CIRCLE  
City-St-Zip: CANTONMENT, FL 32533

I hereby 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 all other like empowered.

SIGNATURE: JAMES HARRIS

PD

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date