

2001 UNIFORM BUSINESS REPORT (UBR)

8.

FILED
Sep 19, 2001 8:00 am
Secretary of State

08-15-2001 90005 022 ****61.25

DOCUMENT # 711372

1. Entity Name

CHANCELLOR HALL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1850 N.E. 169TH STREET
 N. MIAMI BCH. FL 33162

1850 N.E. 169TH STREET
 N. MIAMI BCH. FL 33162

78576

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1232085**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEINERT, HENRY W
1850 NE 169TH STREET
NORTH MIAMI BEACH FL 33162

Name **PRO CONDO MANAGEMENT**

Street Address (P.O. Box Number is Not Acceptable)
7400 NW 57th Street

City **Lauderhill** FL Zip Code **33319**

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.

SIGNATURE *Paul J. Flynn*

(NOTE: Registered Agent signature required when re-registering)

DATE

9/10/01

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DP WEINERT, H.	<input type="checkbox"/> Delete
STREET ADDRESS	1850 NE 169TH ST	
CITY-ST-ZIP	N MIAMI BEACH, FL 0	
TITLE NAME	DTS SOLOMON, BEVERLY	<input type="checkbox"/> Delete
STREET ADDRESS	1850 NE 169ST	
CITY-ST-ZIP	MIAMI FL 33162-3053	
TITLE NAME	VPD KLUCZ, JERRY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1850 NE 169 ST	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE NAME	D FRANCIS, HELEN	<input type="checkbox"/> Delete
STREET ADDRESS	1850 NE 169TH ST	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE NAME	D SHERES, JUNE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1850 NE 169 ST	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE NAME	D EIMICKE, ANNE	<input type="checkbox"/> Delete
STREET ADDRESS	1850 N.E. 169TH STREET	
CITY-ST-ZIP	MIAMI FL 33162-3053	

TITLE NAME	VPD Enrique PIZARRO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1850 NE 169 ST #207	
CITY-ST-ZIP	N. Miami Beach, FL 33162-3053	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (\$/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Beverly Solomon* **BEVERLY SOLOMON** *8/5/01* **3059477387**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #