

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90011 046 ****61.25

UD25/32

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

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRO CONDO MANAGEMENT
7400 NW 81ST STREET
LAUDERHILL FL 33319

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.

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	WEHNERT, H.	
STREET ADDRESS	1850 NE 169TH ST	
CITY-ST-ZIP	N MIAMI BEACH, FL 0	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	SOLOMON, BEVERLY	
STREET ADDRESS	1850 NE 169ST	
CITY-ST-ZIP	MIAMI FL 33162-3053	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRANCIS, HELEN	
STREET ADDRESS	1850 NE 169TH ST	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PIZARRO, ENRIQUE	
STREET ADDRESS	1850 NE 169 ST #207	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162-3053	
TITLE	D	<input type="checkbox"/> Delete
NAME	EIMICKE, ANNE	
STREET ADDRESS	1850 N.E. 169TH STREET	
CITY-ST-ZIP	MIAMI FL 33162-3053	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARMSTRONG, Amelia	
STREET ADDRESS	1850 NE 169th St.	
CITY-ST-ZIP	N. Miami Beach, FL 33162	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAUFMAN, KEITH	
STREET ADDRESS	1850 NE 169th Street	
CITY-ST-ZIP	N. Miami Beach, FL 33162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWBERGER, Morton	
STREET ADDRESS	1859 NE 169th Street	
CITY-ST-ZIP	N. Miami Beach, FL 33162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE: Beverly Solomon, Secy-Treas Date: 3/29/02 305 466-1844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)