


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90253 045 ****61.25

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DOCUMENT # 711372					
1. Entity Name CHANCELLOR HALL ASSOCIATION, INC.					
Principal Place of Business 1850 N.E. 169TH STREET N. MIAMI BCH., FL 33162			Mailing Address 6915 TAFT STREET HOLLYWOOD, FL 33024		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1232085	Applied For Not Applicable
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHAPIRO, PAUL J 6915 TAFT STREET HOLLYWOOD, FL 33024			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEHNERT, H.		NAME	WEHNERT, M	
STREET ADDRESS	1850 NE 169TH ST		STREET ADDRESS	1250 N.E. 169 ST.	
CITY-ST-ZIP	N MIAMI BEACH, FL 0,		CITY-ST-ZIP	N.M.BCH., FL. 33162	
TITLE	VPO	<input type="checkbox"/> Delete	TITLE	VPO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWBERGER, MORTON		NAME	RUSSEL, DAVID	
STREET ADDRESS	1859 NE 169 STREET		STREET ADDRESS	1850 N.E. 169 ST.	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162		CITY-ST-ZIP	N.M.BCH., FL 33162	
TITLE	D	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTO, VIOLA		NAME	WEHNERT, H	
STREET ADDRESS	1850 N.E. 169TH STREET		STREET ADDRESS	1850 N.E. 169 ST.	
CITY-ST-ZIP	MIAMI, FL 331623053		CITY-ST-ZIP	N.M.BCH., FL 33162	
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSEL, DAVID		NAME	BALLIVIAN, P	
STREET ADDRESS	1850 NE 169 STREET		STREET ADDRESS	1850 N.E. 169 ST.	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162		CITY-ST-ZIP	N.M.BCH., FL 33162	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	EMICKE, A	
STREET ADDRESS			STREET ADDRESS	1850 N.E. 169 ST.	
CITY-ST-ZIP			CITY-ST-ZIP	N.M.BCH., FL. 33162	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Madalene Wehnert</i>			4/24/06		305-945-4813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #