


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90016 045 ****61.25

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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



03262008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1232085

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

6. Name and Address of Current Registered Agent

**DELANNOY, DENISE
 1850 NE 169TH STREET
 209
 N. MIAMI BCH, FL 33162**

7. Name and Address of New Registered Agent

Name **Michael Bass PA**

Street Address (P.O. Box Number is Not Acceptable) **600 S. ANDREWS Ave**

City **FORT LAUDERDALE FL** Zip Code **33301**

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 **MORTON NEWBERGER, PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	P NEWBERGER, MORTON	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1850 NE 169TH ST NORTH MIAMI BEACH, FL 33162	
TITLE NAME	VP WEHNERT, MADALENE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1850 NE 169TH ST N. MIAMI BEACH, FL 33162	
TITLE NAME	S EXUME, STEVE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1850 N.E. 169TH STREET NORTH MIAMI BEACH, FL 33162	
TITLE NAME	T WEHNERT, HENRY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1850 NE 169 STREET N. MIAMI BEACH, FL 33162	
TITLE NAME	D EIMICKE, ANNA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1850 NE 169TH ST NORTH MIAMI BEACH, FL 33162	
TITLE NAME	D BALLIVIAN, PATRICIA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1850 NE 169 STREET N. MIAMI BCH, FL 33162	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D DAVIS, RUSSELL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1850 NE 169TH ST NORTH MIAMI BEACH, FL 33162	
TITLE NAME	S WEHNERT, MADALENE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1850 N.E. 169TH STREET NORTH MIAMI BEACH, FL 33162	
TITLE NAME	D BETANCOURT, CESAR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1850 NE-169TH-ST NMB FL-33162	

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  **MORTON NEWBERGER** **3-28-08** **305-949-3576**

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