## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # 711372  1. Enlity Name CHANCELLOR HALL ASSOCIATION, INC.					<b></b>	03-31-2008	90016 0	)45 ****61.2	25
	e of Business 59TH STREET H., FL 33162	Mailing Address 1850 N.E 169TH STREE N. MIAMI BCH, FL 3316							
2 Principal P	Place of Rusiness - No.P.O. Box #	3. Mailing Address	·						
2. Principal Place of Business - No P.O. Box #					1 186#  1866	ITDET ITDDE 41411 (BEID	i judi mimil eteli	i Bibli Bibli Bibli ait	31184 81 1581
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03262008	Chg-NP	CR2	E037 (12/06)	
City & State		City_&.State		-	4. FEI Numbe 59-1232	2085			oplied For of Applicable
Zip	Country	Zip	Country	<del></del>		of Status Desired	d 🗆	\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of Nev	v Registere		
DELANNO	DY. DENISE		Name	M	ichae	1 BA	55	PA	
1850 NE 1	69TH STREET		Street A	ddress (P.	O. Box Numbe	r is Not Accepta	able)	Ave	ELOS
209 N. MIAMI BCH, FL 33162				/				7	
			City	For	Than	404204	رخ F	Zip Cod	e 33301
	named entity submits this statement for	or the purpose of changing its re						am familiar with,	and accept
and doingui	nona or registered agent.								
CICNATUR	MORTON NEWBERG	ER .PRESIDENT							
SIGNATUR	MORTON NEWBERG		Registered Agent signa	ture required w	hen reinstating)		DAI	TE.	
SIGNATUR (			paign Financing		then reinstating) \$5.00 May Boadded to Fees	e F	Make ch	eck payable t	
SIGNATUR	Signature, typed or printed name of registered agent Filling Fee is \$61.25	s and title if applicable. (NOTE:  9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Bo	F	Make ch lorida De	eck payable t	tate
10.	Signature, typed or printed name of registered agent Filling Fee is \$61.25  Due by May 1, 2008  OFFICERS AND DI	s and title if applicable. (NOTE:  9. Election Camp Trust Fund Co	paign Financing ontribution.	D AL	\$5.00 May Boadded to Fees	NGES TO OFFI	Make ch lorida De	eck payable t partment of S	tate
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12. Thereby 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 3-28-08 305-949-3574

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytome Priore #