

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711372

**Entity Name:** CHANCELLOR HALL ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 59-1232085**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BASS, MICHAEL PA  
1408 S. ANDREWS AVE.  
FORT LAUDERDALE, FL 33316 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VPD  
Name DAVIS, RUSSELL  
Address 1850 NE 169TH ST #309  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title DP  
Name NEWBERGER, MORTON  
Address 1850 NE 169TH ST #104  
City-State-Zip: NORTH MIAMI BEACH FL 33161

Title DIRECTOR  
Name BETANCOURT, CESAR  
Address 1850 NE 169TH STREET,105  
City-State-Zip: NORTH MIAMI BEACH FL 33161

Title SECRETARY  
Name GERAUE, JOHN  
Address 1850 NE 169TH STREET  
401  
City-State-Zip: N MIAMI BEACH FL 33162

Title TREASURER  
Name PIRES, JOSE  
Address 1850 NE 169TH STREET  
312  
City-State-Zip: N MIAMI BEACH FL 33162

Title DIRECTOR  
Name RUIZ, CLARIBEL  
Address 1850 NE 169TH STREET  
201  
City-State-Zip: N MIAMI BEACH FL 33162

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MORTON NEWBERGER**

**PRESIDENT**

**04/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date