


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N30250
1. Entity Name
UNIVERSITY OF CENTRAL FLORIDA ALPHA TAU
OMEGA HOUSING CORPORATION, INC.



Principal Place of Business: 4419 GREEK CT., ORLANDO, FL 32816 US
Mailing Address: P.O. BOX 3072, WINTER PARK, FL 32790 US



03142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2956326 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MURRAH, KENNETH F
800 W MORSE BLVD, #1
WINTER PARK, FL 32789

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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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STARKS, GEORGE W
STREET ADDRESS	4814 E. LAKE DR.
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	SD
NAME	MURRAH, KENNETH
STREET ADDRESS	800 WEST MORSE BLVD.
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	O'DONOGHUE, W BRUCE
STREET ADDRESS	707 NICOLE AVENUE, #100
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	STANAKIS, MARC C
STREET ADDRESS	1718 LYNDALD BLVD
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	VPD
NAME	GREEN, THOMAS E
STREET ADDRESS	100 COLONIAL CTR PKWY, #100
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	PTD
NAME	EDGAR, VERNON
STREET ADDRESS	631 W. FAIRBANKS AVE., SUITE B
CITY-ST-ZIP	WINTER PARK, FL 32789

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04/27/05-80143-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Vernon G. Edgar, Jr SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4-27-05 Daytime Phone #: 407 647 8266