


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 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

DO NOT WRITE IN THIS SPACE



01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2956326	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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)
 Signature, typed or printed name of registered agent and title if applicable DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

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

100000386182
 01/18/06-80048-012 61.25

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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: Vernon A. Edgar Jr VERNON A EDGAR JR 1-10-06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 4076473266