

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000005260

**Entity Name:** SIGMA NU HOUSE, INC.

**Current Principal Place of Business:**

2900 EAST OAKLAND PARK BOULEVARD  
SUITE #103  
FORT LAUDERDALE, FL 33306

**Current Mailing Address:**

2900 EAST OAKLAND PARK BOULEVARD  
SUITE #103  
FORT LAUDERDALE, FL 33306

**FEI Number:** 45-2431314

**Certificate of Status Desired:** No

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

BUCK, DAVID E  
2900 EAST OAKLAND PARK BOULEVARD  
SUITE #103  
FORT LAUDERDALE, FL 33306 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 D  
Name BUCK, DAVID E  
Address 2900 EAST OAKLAND PARK BLVD,  
SUITE #103  
City-State-Zip: FORT LAUDERDALE FL 33306

Title D  
Name GOULD, CHARLES H  
Address 2127 10TH AVENUE  
City-State-Zip: VERO BEACH FL 32960

Title D  
Name CARTER, JAMES W  
Address 2 TYMBER COVE  
City-State-Zip: DELAND FL 32724

Title D  
Name HARBIN, JOSEPH  
Address 7315 SAN CARLOS ROAD  
City-State-Zip: JACKSONVILLE FL 32217

Title D  
Name HILL, BRIAN  
Address 795 NORTH SPRINGS GARDEN  
AVENUE  
City-State-Zip: DELAND FL 32720

*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:** CHARLES H. GOULD

**DIRECTOR**

**03/06/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date