2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708952

FILED Apr 17, 2009 Secretary of State

Entity Name: EPSILON ZETA HOME ASSOCIATION OF SIGMA NU FRATERNITY, INC.

Current Principal Place of Business: New Principal Place of Business: EZ HOME ASSOCIATION 5401 S KIRKMAN RD STE 400 ORLANDO, FL 32819 **Current Mailing Address: New Mailing Address: EZ HOME ASSOCIATION** 5401 S KIRKMAN RD STE 400 ORLANDO, FL 32819 FEI Number: 59-3628109 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BAXTER, HARVEY E 20 S MAIN ST GAINESVILLE, FL 32601 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete METTE, KENNETH C Name: Name: 5401 S KIRKMAN RD STE 400 Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: Title: VD () Delete Title: (X) Change () Addition OROURKE, STEVE Name: Name: OVERSTREET, TOM Address: 605 S DAKOTA AVE #4 Address: 1200 WEST S.R. 434, SUITE 228 City-St-Zip: TAMPA, FL 33606 City-St-Zip: LONGWOOD, FL 32750 Title: PD () Delete Title: PD (X) Change () Addition GLEASON, STEFAN H HARRELL, JOHN Name: Name: 6168 OLD BRENTFORD CT 1410 PLEASANT OAK LN Address: Address: City-St-Zip: ALEXANDRIA, VA 22310 City-St-Zip: ORLANDO, FL 32804 () Delete Title: SD Title: () Change () Addition Name: KIRBY, ROD Name: Address: 630 FAIRWAY AVE, NE Address: City-St-Zip: FORT WALTON BEACH, FL 32547 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KENNETH METTE TD 04/17/2009