

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90247 016 ****61.25

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1. Entity Name
ETA DELTA HOUSE CORPORATION OF DELTA GAMMA
FRATERNITY



Principal Place of Business
815 TOURNAMENT ROAD
PONTE VEDRA BEACH, FL 32082

Mailing Address
815 TOURNAMENT ROAD
PONTE VEDRA BEACH, FL 32082

DO NOT WRITE IN THIS SPACE



03172006 No Chg-NP CR2E037 (11/05)

4. FEI Number
47-0858100

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CLARK, SHARON A
815 TOURNAMENT ROAD
PONTE VEDRA BEACH, FL 32082

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	SD
NAME	HAYES, PAIGE
STREET ADDRESS	6538 STILLWATER CT
CITY-ST-ZIP	JACKSONVILLE, FL 322172493
TITLE	PD
NAME	CLARK, SHARON A
STREET ADDRESS	815 TOURNAMENT ROAD
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	TD
NAME	MALONE, MARYANNA
STREET ADDRESS	153 BOUGANVILLE DRIVE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/21/06 614-481-8169