


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90066 012 ****61.25

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DOCUMENT # N02000008753
1. Entity Name
PI LAMBDA PHI HOUSING CORPORATION OF TALLAHASSEE



Principal Place of Business: **2225 AMELIA CIR TALLAHASSEE FL 32304**
Mailing Address: **2225 AMELIA CIR TALLAHASSEE FL 32304**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State: _____
Zip: _____ Country: _____



CHECK HERE IF MAKING CHANGES

4. FEI Number: **20-0081501**
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent: **KOELEMIJ, KEVIN J 2225 AMELIA CIR TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent: _____

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: _____ DATE: _____

FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DP	SFUGARAS, DREW	TITLE: DS	Gregory M. Esarra
STREET ADDRESS: 905 SUMMIT DR N	ATLANTA GA 30324	STREET ADDRESS: _____	Executive V.P.
CITY-ST-ZIP: _____	_____	CITY-ST-ZIP: _____	Kevin J. Koelermij
TITLE: DV	RUSSO, GIOVANNI	TITLE: _____	2225 Amelia Circle
STREET ADDRESS: 931 VILLAGE BLVD STE 905229	W PALM BCH FL 33409	STREET ADDRESS: _____	Tallahassee, FL. 32304
CITY-ST-ZIP: _____	_____	CITY-ST-ZIP: _____	_____
TITLE: DV	COHEN, LEE P	TITLE: _____	_____
STREET ADDRESS: 520 SE 5TH AVE STE 2311	FT LAUDERDALE FL 33301	STREET ADDRESS: _____	_____
CITY-ST-ZIP: _____	_____	CITY-ST-ZIP: _____	_____
TITLE: DT	DONATO, KORY	TITLE: _____	_____
STREET ADDRESS: 8143 NW 14TH ST	CORAL SPRINGS FL 33071	STREET ADDRESS: _____	_____
CITY-ST-ZIP: _____	_____	CITY-ST-ZIP: _____	_____
TITLE: DS	KITCHEN, LEVI	TITLE: _____	_____
STREET ADDRESS: 1848 INY LN STE 15	TALLAHASSEE FL 32304	STREET ADDRESS: _____	_____
CITY-ST-ZIP: _____	_____	CITY-ST-ZIP: _____	_____
TITLE: _____	_____	TITLE: _____	_____
STREET ADDRESS: _____	_____	STREET ADDRESS: _____	_____
CITY-ST-ZIP: _____	_____	CITY-ST-ZIP: _____	_____

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **Kevin J. Koelermij** DATE: **7/29/03**

Executive V.P. **383.1000**

CR2E037 (4/03)