

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 21, 2010
Secretary of State

Entity Name: PI MU CHAPTER OF CHI OMEGA HOUSE CORPORATION, INC.

Current Principal Place of Business:

921 LINKSIDE WAY
C/O WINONA CAMERON OWENS
PUNTA GORDA, FL 33955

New Principal Place of Business:

Current Mailing Address:

921 LINKSIDE WAY
C/O WINONA CAMERON OWENS
PUNTA GORDA, FL 33955

New Mailing Address:

FEI Number: 26-1553365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALAIMO, MARVE ANN ESQ.
8000 HEALTH CENTER BLVD., STE. 300
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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:

Title: P
Name: OWENS, WINONA C
Address: 921 LINKSIDE WAY
City-St-Zip: PUNTA GORDA, FL 33955

Title: S
Name: PETERS, CAROLYN
Address: 614 EAGLE TRACE
City-St-Zip: QUINCY, IL 62305

Title: D
Name: LIZAK, KATE
Address: 7892 FOUNDERS CIRCLE
City-St-Zip: NAPLES, FL 34104

Title: D
Name: HUNTER, MELISSA
Address: 498 CORBEL DRIVE
City-St-Zip: NAPLES, FL 34110

Title: D
Name: IVERSON, SHELLEY
Address: 8951 BONITA BEACH RD SE #525
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D
Name: PRINT, JAMIE
Address: 16239 RAVINA WAY
City-St-Zip: NAPLES, FL 34110

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: WINONA OWENS

P

01/21/2010

Electronic Signature of Signing Officer or Director

Date