## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000012007

FILED May 01, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 26-1553365 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:

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

Title: F

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:

Name: LIZAK, KATE

Address: 7892 FOUNDERS CIRCLE City-St-Zip: NAPLES, FL 34104

Title: [

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

Title: [

Name: IVERSON, SHELLEY

Address: 8951 BONITA BEACH RD SE #525 City-St-Zip: BONITA SPRINGS, FL 34135

Title:

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 05/01/2011