

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 08, 2010
Secretary of State

DOCUMENT# N09000001004

Entity Name: ALPHA CHI OF PI KAPPA PHI HOUSING CORPORATION, INC.**Current Principal Place of Business:**1531 LIGURIA AVENUE
CORAL GABLES, FL 33146 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX: 249112
CORAL GABLES, FL 33124 US**New Mailing Address:**P.O. BOX 249112
CORAL GABLES, FL 33124 US**FEI Number:** 26-4167127**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RILEY, ROBERT F
ALPHA CHI OF PI KAPPA PHI HOUSING CORP
1531 LIGURIA AVENUE
CORAL GABLES, FL 33146 US**Name and Address of New Registered Agent:**HAMILTON, PHILLIP L MR
6910 SW 44 STREET #107
MIAMI, FL 33155 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: PHILLIP LLOYD HAMILTON

06/08/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: HAMILTON, PHILLIP L MR
Address: 6910 SW 44 STREET #107
City-St-Zip: MIAMI, FL 33155 US

Title: VP
Name: LEANO, JAMES E MR
Address: 1120 NW 14 STREET
City-St-Zip: KEY BISCAWAYNE, FL 33149 US

Title: TREA
Name: VALVERDE, NICHOLAS R MR.
Address: 460 LEUCADENDRA DRIVE
City-St-Zip: CORAL GABLES, FL 33156 US

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: PHILLIP LLOYD HAMILTON

PRES

06/08/2010

Electronic Signature of Signing Officer or Director

Date