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Mar 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N19936 (6)  
1. Corporation Name  
CHI OMEGA HOUSING CORPORATION



Principal Place of Business Mailing Address  
C/O MERRY MAC WATSON  
1910 N.W. 23RD TERRACE  
GAINESVILLE FL 32605  
US

3. Date Incorporated or Qualified  
04/02/1987  
4. FEI Number  
59-6135388  
Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 c/o Martha Osmun 26 c/o Martha Osmun  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 1503 NW 52nd Terrace 27 1503 NW 52nd Terrace  
City & State City & State  
23 Gainesville, FL 28 Gainesville, FL  
Zip Country Zip Country  
24 32605 25 US 29 32605 30 US

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
WATSON, MERRY MAC  
1910 N.W. 23RD TERRACE  
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent  
81 Name Osmun, Martha W.  
82 Street Address (P.O. Box Number is Not Acceptable) 1503 NW 52 Terrace  
83  
84 City Gainesville FL 85 Zip Code 32605

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.  
SIGNATURE *Martha W. Osmun* DATE 1-31-98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RAINES, DARLA S.	
STREET ADDRESS	3007 NW 58TH BLVD.	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALSOBROOK, ELIZABETH P.	
STREET ADDRESS	1628 N.W. 26TH WAY	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WATSON, MERRY MAC	
STREET ADDRESS	912 NW 51 TERR.	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	PS	<input checked="" type="checkbox"/> DELETE
NAME	OSMUN, MARTHA W.	
STREET ADDRESS	1503 NW 52ND TERR.	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Andrews, Dodie	
1.3 STREET ADDRESS	2214 NW 23rd Terrace	
1.4 CITY-ST-ZIP	Gainesville, FL 32605	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Osmun, Martha W.	
3.3 STREET ADDRESS	1503 NW 52nd Terr.	
3.4 CITY-ST-ZIP	Gainesville, FL 32605	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Page, Jane	
4.3 STREET ADDRESS	552 NW 48 Blvd	
4.4 CITY-ST-ZIP	Gainesville, FL 32605	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Martha W. Osmun* *Martha W. Osmun* 1-31-98 (352)375-7249

CFR2007 (10/97)