

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24670

FILED
Apr 21, 2008
Secretary of State

Entity Name: THETA ALPHA HOUSE CORPORATION OF SIGMA NU FRATERNITY, INC.

Current Principal Place of Business:

1502 W FLETCHER AVE
#101
TAMPA, FL 33612

New Principal Place of Business:

3304 CYPRESS LANDING DRIVE
VALRICO, FL 33596

Current Mailing Address:

1502 W FLETCHER AVE
#101
TAMPA, FL 33612

New Mailing Address:

3304 CYPRESS LANDING DRIVE
VALRICO, FL 33596

FEI Number: 59-2872680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARR, JAMES G
1502 W FLETCHER AVE
#101
TAMPA, FL 33612 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: PD () Delete
Name: FARR, JAMES G
Address: 1502 W FLETCHER AVE #101
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: GREER, JOHN C. JR.,
Address: 2115 MAGDELENE MANOR DR.
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: PARRINO, JACK,
Address: 5128 N. HABANA AVENUE
City-St-Zip: TAMPA, FL

Title: SD (X) Delete
Name: LUCAS, ALAN L,
Address: 16520 OLEY RIDGE COURT
City-St-Zip: TAMPA, FL

Title: D (X) Delete
Name: SANTANA, CHARLES, M,
Address: 500 N. WESTSHORE BLVD
City-St-Zip: BRANDON, FL

Title: D (X) Delete
Name: HULT, FRANK A.,
Address: 14304 PROMONTORY PT.
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CROTTY, JAMES M
Address: 3304 CYPRESS LANDING DRIVE
City-St-Zip: VALRICO, FL 33596

Title: VPD (X) Change () Addition
Name: MANGIONE, STEPHEN R
Address: 13114 DONE GROVEN DRIVE
City-St-Zip: DOVER, FL 33527

Title: TD (X) Change () Addition
Name: MAYNARD, RUSSELL
Address: 2200 W. AZEELE STREET
City-St-Zip: TAMPA, FL 33606

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES M. CROTTY

P

04/21/2008

Electronic Signature of Signing Officer or Director

Date