

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 30, 2009  
Secretary of State**

DOCUMENT# N24670

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

**Current Principal Place of Business:**

3304 CYPRESS LANDING DRIVE  
VALRICO, FL 33596

**New Principal Place of Business:**

**Current Mailing Address:**

3304 CYPRESS LANDING DRIVE  
VALRICO, FL 33596

**New Mailing Address:**

**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: CROTTY, JAMES M  
Address: 3304 CYPRESS LANDING DRIVE  
City-St-Zip: VALRICO, FL 33596

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: RUSSELL MAYNARD

TD

01/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date