

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N30250

1. Entity Name
UNIVERSITY OF CENTRAL FLORIDA ALPHA TAU
OMEGA HOUSING CORPORATION, INC.



Principal Place of Business
4419 GREEK CT.
ORLANDO, FL 32816 US

Mailing Address
P O BOX 3072
WINTER PARK, FL 32790 US



01112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FE# Number 59-2956326	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MURRAH, KENNETH F
800 W MORSE BLVD, #1
WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARKS, GEORGE W 4814 E. LAKE DR. WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURRAH, KENNETH 800 WEST MORSE BLVD. WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'DONOGHUE, W BRUCE 707 NICOLE AVENUE, #100 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANAKIS, MARC C 1718 LYNDALD BLVD MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GREEN, THOMAS E 100 COLONIAL CTR PKWY, #100 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD EDGAR, VERNON 631 W. FAIRBANKS AVE., SUITE B WINTER PARK, FL 32789

U000000588667
01/17/07-80083-006 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Vernon Edgar Jr* VERNON EDGAR JR 1/11/07 4076973266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone