

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003665

FILED  
Jan 09, 2007  
Secretary of State

**Entity Name:** PHI SIGMA SIGMA NATIONAL HOUSING CORPORATION

**Current Principal Place of Business:**

8178 LARK BROWN RD  
SUITE 202  
ELKRIDGE, MD 21075 US

**New Principal Place of Business:**

**Current Mailing Address:**

8178 LARK BROWN RD  
SUITE 202  
ELKRIDGE, MD 21075 US

**New Mailing Address:**

**FEI Number:** 65-0434520

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAVADO, DIANNE M MRS  
14341 EVELYN DRIVE  
PALM BEACH GARDENS, FL 33410 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: SWEENEY, ERIN M MRS.  
Address: 2107 19TH ST, NW  
City-St-Zip: WASHINGTON, DC 20009 US

Title: TD ( ) Delete  
Name: BOONE, MELANIE M MRS.  
Address: 634 KALORAMA RD  
City-St-Zip: SYKESVILLE, MD 21784 US

Title: SC ( ) Delete  
Name: ARDERN, MICHELLE S MRS.  
Address: 8237 BULLNECK RD  
City-St-Zip: DUNDALK, MD 21222 US

Title: ASC ( ) Delete  
Name: WINTERS, TARA E MRS  
Address: 1086 WOODBRIAR  
City-St-Zip: GRAPEVINE, TX 76051 US

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHELLE S ARDERN

SC

01/09/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date