

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000007695

Entity Name: SIGMA OMEGA SORORITY OF THE FLORIDA KEYS, INC.**Current Principal Place of Business:**91750 OVERSEAS HIGHWAY
TAVERNIER, FL 33070**Current Mailing Address:**91750 OVERSEAS HIGHWAY
TAVERNIER, FL 33070 US**FEI Number: 81-3571038****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CATARINEAU, JOE A ESQ.
91750 OVERSEAS HIGHWAY
TAVERNIER, FL 33070 US*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**Officer/Director Detail :**

Title	VP
Name	GORANSON, MONICA R
Address	91750 OVERSEAS HIGHWAY
City-State-Zip:	TAVERNIER FL 33070

Title	ASST. SECRETARY
Name	WHITNELL, JANE E
Address	91750 OVERSEAS HIGHWAY
City-State-Zip:	TAVERNIER FL 33070

Title	PRESIDENT
Name	GARGIULO, MARY
Address	91750 OVERSEAS HIGHWAY
City-State-Zip:	TAVERNIER FL 33070

Title	TREASURER
Name	SWANGO, BARBARA C
Address	91750 OVERSEAS HIGHWAY
City-State-Zip:	TAVERNIER FL 33070

Title	ASST. SECRETARY
Name	DEROSE, SUSAN L
Address	91750 OVERSEAS HIGHWAY
City-State-Zip:	TAVERNIER FL 33070

Title	PRESIDENT
Name	DORAN, VICKIE
Address	91750 OVERSEAS HIGHWAY
City-State-Zip:	TAVERNIER FL 33070

I hereby 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 all other like empowered.

SIGNATURE: BARBARA SWANGO**TREASURER****04/12/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date