

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19936

**Entity Name:** CHI OMEGA HOUSING CORPORATION**Current Principal Place of Business:**807 W. PANHELLENIC  
GAINESVILLE, FL 32601**Current Mailing Address:**P.O. BOX 358614  
GAINESVILLE, FL 32635 US**FEI Number:** 59-6135388**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OSMUN, MARTHA W  
6005 NW 19TH PLACE  
GAINESVILLE, FL 32605 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	TREASURER
Name	CLAYTON, DANA
Address	11863 SE COUNTY RD. 234
City-State-Zip:	MICANOPY FL 32667

Title	SD
Name	DUNLAP, LURAL
Address	9832 SW 31ST RD
City-State-Zip:	GAINESVILLE FL 32608

Title	PRESIDENT
Name	PATRICK, SHERRY
Address	2823 NW 31ST TERRACE
City-State-Zip:	GAINESVILLE FL 32605

Title	A
Name	OSMUN, MARTHA W
Address	6005 NW 19TH PLACE
City-State-Zip:	GAINESVILLE FL 32605

Title	VP
Name	MYRAND, MARY ANN
Address	7629 SW 8TH AVE
City-State-Zip:	GAINESVILLE FL 32607

*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:** MARTHA W OSMUN**ADMINISTRATOR****02/21/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date