

2017 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:**OLINGER, SANDRA TAYLOR
4914 SW 95TH TERRACE
GAINESVILLE, FL 32608 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:** SANDRA T. OLINGER

01/14/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name MCCREA, SARA LYNN
Address 6124 SW 35TH WAY
City-State-Zip: GAINESVILLE FL 32608

Title VP
Name FEIBER, MARY
Address 2336 NW 31ST PLACE
City-State-Zip: GAINESVILLE FL 32605

Title PRESIDENT
Name OLINGER, SANDRA
Address 4914 SW 95TH TERRACE
City-State-Zip: GAINESVILLE FL 32608

Title SD
Name MCCRAW, LAURANNE
Address 2213 NW 7TH LANE
City-State-Zip: GAINESVILLE FL 32603

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

Title OFFICER
Name DUNLAP, LURAL
Address 2736 NW 77TH BLVD.
 #255
City-State-Zip: GAINESVILLE FL 32606

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: SANDRA OLINGER**PRESIDENT**

01/14/2017

Electronic Signature of Signing Officer/Director Detail

Date