

2016 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: Yes****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	MCCRAW, LAURANNE
Address	2213 NW 7TH LANE
City-State-Zip:	GAINESVILLE FL 32603

Title	PRESIDENT
Name	FEIBER, MARY
Address	6021 SW 35TH WAY
City-State-Zip:	GAINESVILLE FL 32608

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

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

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****01/24/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date