

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 823322

1. Entity Name
ORLEANS HOMEBUILDERS, INC.



Principal Place of Business
**ONE GREENWOOD SQUARE
SUITE 101 3333 STREET ROAD
BENSALEM, PA 19020 US**

Mailing Address
**ONE GREENWOOD SQUARE
SUITE 101 3333 STREET ROAD
BENSALEM, PA 19020 US**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0874323

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FITZSIMMONS, ROBERT J
300 TREEMONTE DR
ORANGE CITY, FL 32763**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DC
ORLEANS, JEFFREY P.
ONE GREENWOOD SQUARE STE 101 333 STREET RD
BENSALEM, PA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
SANTANGELO, JOSEPH A.
ONE GREENWOOD SQUARE STE 101 3333 STREET
BENSALEM, PA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VC
GOLDMAN, BENJAMIN D.
ONE GREENWOOD SQ STE 101 3333 STREET ROAD
BENSALEM, PA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KATZ, LEWIS
ONE GREENWOOD SQAURE STE 101 3333 STREET
BENSALEM, PA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
SCHAAL, GARY
ONE GREENWOOD SQ. STE 101 3333 STREET ROAD
BENSALEM, PA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
VESEY, MICHAEL T
ONE GREENWOOD SQ STE 101 3333 ST RD
BENSALEM, PA 19020**

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01/31/06-80012-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**VP,
Joseph A. Santangelo**

1/17/06

215 245 7500

Date

Daytime Phone #