## 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE:

## Sep 29, 2004 8:00 A.M. Secretary of State **DOCUMENT # 562259** 1. Entity Name MARONDA HOMES, INC. OF FLORIDA Principal Place of Business Mailing Address 202 PARK WEST DR 202 PARK WEST DR PITTSBURGH, PA 15275 US PITTSBURGH, PA 15275 US 2. Principal Place of Business 3. Mailing Address Z 10082004 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) Chg-P Applied For City & State 4. FEI Number City & State 25-1336949 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VON DREELE, WAYNE J Street Address (P.O. Box Number is Not Acceptable) 4005 MARONDA WAY SANFORD, FL 32771 City Zip Code FL 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. Lam familiar with, and accept the obligations of registered agent. 40104155264 10/04/04-01018-013 \*\*61.25 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be Amended AR is \$61.25 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CEOD TITI F Delete TITLE ☐ Change **★** Addition AVP WOLF, WILLIAM J. NAME NAME Sullivan, Barry J. STREET ADDRESS 202 PARK WEST DRIVE STREET ADDRESS 127 Brassington Drive CITY-ST-ZIP PITTSBURGH, PA 15275 CITY-ST-ZIP Debary, FL 32713 TITLE ☐ Delete TITLE Change ☐ Addition WOLF, RONALD W. NAME 202 PARK WEST DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PITTSBURGH, PA 15275 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition VON DREELE, WAYNE J NAME NAME 4005 MARONDA WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32771 CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), 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 **4th all whe**r like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Davtime Phone #