2005 FOR PROFIT CORPORATION

Secretary of State ANNUAL REPORT 03-23-2005 90043 018 ***150.00 **DOCUMENT # 562259** MARONDA HOMES, INC. OF FLORIDA 40037170 Principal Place of Business Mailing Address 202 PARK WEST DR 202 PARK WEST DR PITTSBURGH, PA 15275 PITTSBURGH, PA 15275 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03102005 CR2E034 (10/03) Chg-P Applied For City & State 4. FEI Number City & State 25-1336949 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 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, 2005 Fee will be \$550.00 **\$5.00** May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. CEOD TITLE ☐ Defete TITLE Change Addition WOLF, WILLIAM J. NAME NAME STREET ADDRESS 202 PARK WEST DRIVE STREET ADDRESS CITY-ST-ZIP PITTSBURGH, PA 15275 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition WOLF, RONALD W. NAME STREET ADDRESS 202 PARK WEST DRIVE STREET ADDRESS CITY-ST-ZIP PITTSBURGH, PA 15275 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition VON DREELE, WAYNE I VON DREELE, WAYNE J NAME NAME STREET ADDRESS 4005 MARONDA WAY STREET ADDRESS 4005 MARONDA WAY SANFORD, FL 32771 CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 TITLE Delete TITLE ☐ Channe ☐ Addition SULLIVAN, BARRY J STREET ADDRESS 127 BRASSINGTON DRIVE STREET ADDRESS CITY-ST-ZIP DEBARY, FL 32713 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplier 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 frustee 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.

FILED Mar 23, 2005 8:00 am

(412)788-7400

Wolf Ronald

G OFFICER OR DIRECTOR

SIGNATURE: