2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # 562259

1. Entity Name
MARONDA HOMES, INC. OF FLORIDA

Principal Place of Business	Mailing Address
202 PARK WEST DR PITTSBURGH, PA 15275 US	202 PARK WEST DR PITTSBURGH, PA 15275 US

02192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1336949
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VON DREELE, WAYNE J
3993 WEST FIRST STREET
SANFORD, FL 32771

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEOD
NAME	WOLF, WILLIAM J.
STREET ADDRESS	202 PARK WEST DRIVE
CITY-ST-ZIP	PITTSBURGH, PA 15275
TITLE	VPSD
NAME	WOLF, RONALD W.
STREET ADDRESS	202 PARK WEST DRIVE
CITY-ST-ZIP	PITTSBURGH, PA 15275
TITLE	P
NAME	VON DREELE, WAYNE J
STREET ADDRESS	3993 WEST FIRST STREET
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	VP
NAME	FALCK, MARK
STREET ADDRESS	3993 WEST FIRST ST
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/15/07-80010-025 150.00

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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: _____ 2/27/07 412-788-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #