
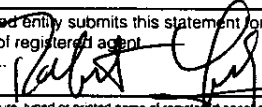
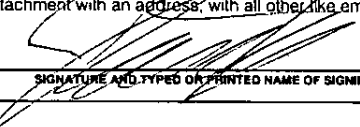


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90052 039 ***150.00

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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-0874323	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FINEBERG, LIBO B. 3500 GATEWAY DR. SUITE 201 POMPANO BEACH, FL 33069			7. Name and Address of New Registered Agent Name FITZSIMMONS, ROBERT J. Street Address (P.O. Box Number is Not Acceptable) 300 TREEMANTE DRIVE City ORANGE CITY FL Zip Code 32763		
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  2-2-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ORLEANS, JEFFREY P. <input type="checkbox"/> Delete ONE GREENWOOD SQUARE STE 101 333 STREET RD BENSALEM, PA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VESEY, MICHAEL T. ONE GREENWOOD SQUARE STE 101 3333 STREET RD BENSALEM PA 19020	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SANTANGELO, JOSEPH A. <input type="checkbox"/> Delete ONE GREENWOOD SQUARE STE 101 3333 STREET BENSALEM, PA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICEPRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DUGAN, LAWRENCE J. ONE GREENWOOD SQUARE STE 101 3333 STREET RD BENSALEM PA 19020	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC GOLDMAN, BENJAMIN D. <input type="checkbox"/> Delete ONE GREENWOOD SQ STE 101 3333 STREET ROAD BENSALEM, PA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZ, LEWIS <input type="checkbox"/> Delete ONE GREENWOOD SQAURE STE 101 3333 STREET BENSALEM, PA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP SCHAAL, GARY <input type="checkbox"/> Delete ONE GREENWOOD SQ. STE 101 3333 STREET ROAD BENSALEM, PA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: 			Joseph A. Santangelo 2/7/04 215 245 7500 CFO Date Daytime Phone #		

94015244



01202004 Chg-P CR2E034 (10/03)

4. FEI Number
59-0874323
Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
 Name **FITZSIMMONS, ROBERT J.**
 Street Address (P.O. Box Number is Not Acceptable)
300 TREEMANTE DRIVE
 City **ORANGE CITY** **FL** Zip Code **32763**

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  **2-2-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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After May 1, 2004 Fee will be \$550.00**

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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SIGNATURE:  Joseph A. Santangelo 2/7/04 215 245 7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #