

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-16-2004 90052 040 ***150.00

DOCUMENT # P03000076394

1. Entity Name
ORLEANS HOMEBUILDERS OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
**C/O LARRY MATZICK
20718 MYSTIC WAY
NORTH FORT MYERS, FL 33917**

Mailing Address
**C/O LARRY MATZICK
20718 MYSTIC WAY
NORTH FORT MYERS, FL 33917**

94015243



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0185770

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **CHAIRMAN OF THE BOARD** ☐ Delete
NAME **JEFFREY P. ORLEANS**
STREET ADDRESS **3333 STREET ROAD STE 101**
CITY-ST-ZIP **BENSALEM, PA 19020**

TITLE **VICE CHAIRMAN OF THE BOARD** ☐ Delete
NAME **BENJAMIN D. GOLDMAN**
STREET ADDRESS **3333 STREET ROAD STE 101**
CITY-ST-ZIP **BENSALEM, PA 19020**

TITLE **PRESIDENT** ☐ Delete
NAME **MICHAEL T. VESEY**
STREET ADDRESS **3333 STREET ROAD STE 101**
CITY-ST-ZIP **BENSALEM PA 19020**

TITLE **VICE PRESIDENT** ☐ Delete
NAME **LAWRENCE MATZICK**
STREET ADDRESS **20718 MYSTIC WAY**
CITY-ST-ZIP **NORTH FORT MYERS, FL 33917**

TITLE **VICE PRESIDENT, SECRETARY, TREASURER** ☐ Delete
NAME **Joseph A. SANTANGELO**
STREET ADDRESS **3333 STREET ROAD STE 101**
CITY-ST-ZIP **BENSALEM PA 19020**

TITLE **VICE PRESIDENT, ASSISTANT SECRETARY** ☐ Delete
NAME **LAWRENCE J. DUGAN**
STREET ADDRESS **3333 STREET ROAD STE 101**
CITY-ST-ZIP **BENSALEM PA 19020**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ASSISTANT SECRETARY** ☐ Change ☒ Addition
NAME **ERIC PHILLIPS**
STREET ADDRESS **3333 STREET ROAD STE 101**
CITY-ST-ZIP **BENSALEM PA 19020**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #