

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90053 050 ***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

40010000



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

300 Tremonte Drive

3. Mailing Address

3333 STREET RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 101

City & State

Orange City FL

City & State

BENSALEM PA

Zip

32763

Country

USA

Zip

19020

Country

USA

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

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

7. Name and Address of New Registered Agent

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE COB ☐ Delete
NAME ORLEANS, JEFFREY P
STREET ADDRESS 3333 ST RD., STE.101
CITY-ST-ZIP BENSALEM PA 19020

TITLE VCOB ☐ Delete
NAME GOLDMAN, BENJAMIN D
STREET ADDRESS 3333 STREET RD., STE. 101
CITY-ST-ZIP BENSALEM PA 19020

TITLE P ☐ Delete
NAME VESEY, MICHAEL T
STREET ADDRESS 3333 STREET RD., STE. 101
CITY-ST-ZIP BENSALEM PA 19020

TITLE VP ☒ Delete
NAME MATZICK, LAWRENCE
STREET ADDRESS 20718 MYSTIC WAY
CITY-ST-ZIP NORTH FORT MYERS FL 33917

TITLE VST ☐ Delete
NAME SANTANGELO, JOSEPH A
STREET ADDRESS 3333 STREET RD., STE. 101
CITY-ST-ZIP BENSALEM PA 19020

TITLE VAS ☐ Delete
NAME DUGAN, LAWRENCE J
STREET ADDRESS 3333 STREET RD., STE. 101
CITY-ST-ZIP BENSALEM PA 19020

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/05

Date

Daytime Phone #

215 245 7000