2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Secretary of State **DOCUMENT # P03000076394** 01-16-2007 90194 028 ***150.00 ORLEANS HOMEBUILDERS OF SOUTHWEST FLORIDA, INC. Mailing Address **¥UUU2647** Principal Place of Business 3333 STREET RD **300 TREMONTE DRIVE** STE 101 ORANGE CITY, FL 32763 BENSALEM, PA 19020 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01082007 CR2E034 (12/06) Cha-P 4 FEI Number Applied For City & State City & State 20-0185770 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. CHIEF ACCOUNTING OFFICER Change COB □ Delete TITLE TITLE JAMES W Thompson ORLEANS, JEFFREY P NAME 3333 Street ED, 575 101 NAME STREET ADDRESS 3333 ST RD., STE.101 STREET ADDRESS 19020 CITY-ST-ZIP PA CITY-ST-ZIP BENSALEM, PA 19020 BENSALEM Change ☐ Addition VCOB ☐ Defete TITLE TITLE GOLDMAN, BENJAMIN D NAME STREET ADDRESS STREET ADDRESS 3333 STREET RD., STE. 101 CITY-ST-ZIP BENSALEM, PA 19020 CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE VESEY, MICHAEL T NAME NAME STREET ADDRESS 3333 STREET RD., STE. 101 STREET ADDRESS CITY-ST-ZIP BENSALEM, PA 19020 CITY-ST-ZIP ☐ Change ■ Addition 🔀 Delete TITLE SANTANGELO, JOSEPH A NAME NAME STREET ADDRESS 3333 STREET RD., STE. 101 STREET ADDRESS CITY-ST-ZIP BENSALEM, PA 19020 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition DUGAN, LAWRENCE J NAME NAME 3333 STREET RD., STE. 101 STREET ADDRESS STREET ADDRESS BENSALEM, PA 19020 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

CAO

SHARAFORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 16, 2007 8:00 am

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