

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90125 041 \*\*\*150.00

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AV

**DOCUMENT # S46090**

1. Entity Name  
**AFFORDABLE AMERICAN HOMES, INC.**



Principal Place of Business  
**4005 MARONDA WAY  
SANFORD FL 32771**

Mailing Address  
**4005 MARONDA WAY  
SANFORD FL 32771**



2. Principal Place of Business  
**411 Central Park Dr**  
Suite, Apt. #, etc.

3. Mailing Address  
**411 Central Park Dr.**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Sanford, FL**  
Zip  
**32771**  
Country  
**USA**

City & State  
**Sanford, FL**  
Zip  
**32771**  
Country  
**USA**

4. FEI Number  
**59-3061808**

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  
4005 MARONDA WAY  
SANFORD FL 32771**

**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, 2003 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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>WOLF, WILLIAM J.</b>	
STREET ADDRESS	<b>11 TIMBERGIEN DR</b>	
CITY-ST-ZIP	<b>IMPERIAL PA 15126</b>	
TITLE	P	<input type="checkbox"/> Delete
NAME	<b>VON DREELE, WAYNE</b>	
STREET ADDRESS	<b>4005 MARONDA WAY</b>	
CITY-ST-ZIP	<b>SANFORD FL 32771</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>WOLF, RONALD W.</b>	
STREET ADDRESS	<b>650 RIDGE ROAD</b>	
CITY-ST-ZIP	<b>PITTSBURGH PA</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>MCDONOUGH, JOSEPH F</b>	
STREET ADDRESS	<b>11 TIMBERGLEN DR</b>	
CITY-ST-ZIP	<b>IMPERIAL PA 15126</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Wayne Von Dreele  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/13/03**  
Date

Daytime Phone #

CR2E034 (10/02)