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Jun 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. J. [Signature]  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000001165 (6)  
1. Corporation Name  
RYAN'S WOODS TOWNHOMES HOMEOWNERS ASSOCIATION, I NC.



Principal Place of Business: 2123 NE COACHMAN ROAD, STE. A CLEARWATER FL 34625  
Mailing Address: 2123 NE COACHMAN ROAD, STE. A CLEARWATER FL 34625

3. Date Incorporated or Qualified: 03/03/1997  
4. FEI Number: [ ] Applied For [X] Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields for Suite, City, State, Zip, and Country.

5. Certificate of Status Desired: [ ] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: [ ] \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association? [X] Yes [ ] No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: [X] Yes [ ] No

9. Name and Address of Current Registered Agent  
LITTLE, THOMAS C  
2123 NE COACHMAN ROAD, STE. A  
CLEARWATER FL 34625

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> DELETE
NAME	LITTLE, THOMAS C	
STREET ADDRESS	2123 NE COACHMAN ROAD, STE. A	
CITY-ST-ZIP	CLEARWATER FL 34625	
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"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	THOMAS C. Little	
1.3 STREET ADDRESS	2123 NE Coachman Rd	
1.4 CITY-ST-ZIP	Clearwater, FL 34625	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mona Little	
2.3 STREET ADDRESS	1931 Ashland Dr	
2.4 CITY-ST-ZIP	Clearwater, FL 34625	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Angela Wiskor	
3.3 STREET ADDRESS	2123 NE Coachman Rd	
3.4 CITY-ST-ZIP	Clearwater, FL 34625	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 4-29-98 SB-443-5773

CR2E037 (10/97)