NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N9700001165

1. Corporation Name

RYAN'S WOODS TOWNHOMES HOMEOWNERS ASSOCIATION, I NC.

2123 NE COACHMAN ROAD, STE. A CLEARWATER FL 34625

2. Principal Place of Business

Suite, Apt. #, etc.

Principal Place of Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

2123 NE COACHMAN ROAD. STE. A CLEARWATER FL 34625

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90057 006 ****61.25



Applied For

3. Date Incorporated or Qualifed

03/03/1997

City & State City & State City & State City & State S. Certificate of Status Desired \$8.75 Additional Fee Required	22		27			APPLIED FOR 3 L	2012/0	Not	Applicable
The Required Country		е				5. Certificate of Status Desired	\$		
3. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Name and Address of New Registered Agent 12. Name and Address of New Registered Agent 13. Name 14. Name 15. Name 16. Name and Address of New Registered Agent 16. Name and Address of New Registered Agent 17. Pursuant to the provisions of Sections 617,0502 and 817,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, I am familiar with, and accept the obligations of, Section 617,0502, Florida Statutes. 15. OFFICERS AND DIRECTORS 16. City 17. Pursuant to the purpose of changing its registered agent, and the purpose of change its registered agent, and the purpose of change in	:3		28					Fee Req	uired
3. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 12. Street Address (P.O. Box Number is Not Acceptable) 13. Name 14. City 15. Street Address (P.O. Box Number is Not Acceptable) 16. Street Address (P.O. Box Number is Not Acceptable) 17. Pursuant to the provisions of Sections 617,0502 and 817,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of 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, and the state of Florida Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered agent, and the state of Florida Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered agent of the state of Florida Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered agent of the state of Florida Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered agent of the state of Florida Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered agent of the state of Florida Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered agent of the state of Florida Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered Agent agent agent of the appointment as registered Agent	Zip	Country	Zip	Country	/	6. Election Campaign Financing			
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2123 NE COACHMAN ROAD, STE. A CLEARWATER FI. 34625 44 City FL 85 Zip Code 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 agent. I am familiar with, and accept the obligations of, Section 617.0503. Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent, and accept the obligations of, Section 617.0503. Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. ITTLE, THOMAS C 17. STOPE CARRWATER FI. 34625 17. STOPE CARRWATER FI. 34625 18. LACOTY-ST-2P 17. DELETE 18. D 18. Signature, typed or printed name of registered agent and this if spollacions. 18. NOTE: Registered Agent agenture required when retributing) DATE 19. DATE 19				81	Name				
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	14. I hereby	certify that the information supplied with	this filing does not gualify for	the exemp	tion stated in S	ection 119.07(3)(i), Florida Statutes.	I further certify	that the in	formation

indicated on this annual report of 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 of 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, with all other like empowered.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

49 99 721 - 443-5713