

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90024 032 ****61.25

DOCUMENT # N97000001165

1. Entity Name

RYAN'S WOODS TOWNHOMES HOMEOWNERS ASSOCIATION, I

Principal Place of Business

Mailing Address

2123 NE COACHMAN ROAD, STE. A
 CLEARWATER FL 34625

2123 NE COACHMAN ROAD, STE. A
 CLEARWATER FL 33765-2616

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

SEABOARD ARBORS MANAGEMENT
2189 CLEVELAND ST. STE. 225
CLEARWATER FL 33765
US

SEABOARD ARBORS MANAGEMENT
2189 CLEVELAND ST. STE. 225
CLEARWATER FL 33765
US

1. FEI Number

59-3543234

Applied For

Not Applied

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LITTLE, THOMAS C
2123 NE COACHMAN ROAD, STE. A
CLEARWATER FL 34625

Name

LEIGHTON, LENNARD A
C/O SEABOARD ARBORS MANAGEMENT
2189 CLEVELAND ST. STE. 225
CLEARWATER FL 33765
US

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.

SIGNATURE

[Handwritten Signature]

2/3/2000

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	D	<input checked="" type="checkbox"/> Delete
NAME	LITTLE, THOMAS C.	
STREET ADDRESS	2123 NE COACHMAN RD	
CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LITTLE, MONA	
STREET ADDRESS	1931 ASHLAND DR	
CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WIZKER, ANGELA	
STREET ADDRESS	2123 NE COACHMAN RD	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	GLENN, JUDIE	
STREET ADDRESS	P.O. BOX 1300	
CITY-ST-ZIP	PALM HARBOR FL 34682	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	OLDEN, DENNIS	
STREET ADDRESS	334 EAST LAKE ROAD #311	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NOT NECESSARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-00 787-7180

Date

Daytime Phone #