

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91288 020 ****61.25

DOCUMENT # N97000001165

1. Entity Name

RYAN'S WOODS TOWNHOMES HOMEOWNERS ASSOCIATION, I NC.

Principal Place of Business

Mailing Address

**SEABOARD ARBORS MANAGEMENT
 2189 CLEVELAND ST STE 225
 CLEARWATER FL 33765**

**SEABOARD ARBORS MANAGEMENT
 2189 CLEVELAND ST STE 225
 CLEARWATER FL 33765**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3543234

Applied For

Not Applicable

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

**LEIGHTON, LENNARD A
 PO SEABOARD ARBORS MGNT
 2189 CLEVELAND ST STE 225
 CLEARWATER FL 33765**

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.

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 \$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: **VD** Delete
 NAME: **LITTLE, THOMAS C**
 STREET ADDRESS: **2123 NE COACHMAN ROAD, STE. A**
 CITY-ST-ZIP: **CLEARWATER FL 34625**

TITLE: **STD** Change Addition
 NAME: **BAIRD, TOM**
 STREET ADDRESS: **550 RYANS WOODS LANE**
 CITY-ST-ZIP: **PALM HARBOR, FL 34683**

TITLE: **PD** Delete
 NAME: **GLENN, JUDIE**
 STREET ADDRESS: **PO BOX 1300**
 CITY-ST-ZIP: **PALM HARBOR FL 34682**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **STD** Delete
 NAME: **OLDEN, DENNIS**
 STREET ADDRESS: **334 EAST LAKE RD #311**
 CITY-ST-ZIP: **PALM HARBOR FL 34685**

TITLE: **VPD** Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change 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 617, 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:

Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)

0043630