


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90032 025 \*\*\*\*61.25

**DOCUMENT # N97000001165**  
 1. Entity Name  
**RYAN'S WOODS TOWNHOMES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business SEABOARD ARBORS MANAGEMENT 2189 CLEVELAND ST STE 225 CLEARWATER FL 33765	Mailing Address SEABOARD ARBORS MANAGEMENT 2189 CLEVELAND ST STE 225 CLEARWATER FL 33765
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-3543234</b>	Applied For Not Applicable
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent  
**LEIGHTON, LENNARD A  
 C/O SEABOARD ARBORS MGNT  
 2189 CLEVELAND ST STE 225  
 CLEARWATER FL 33765**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW - FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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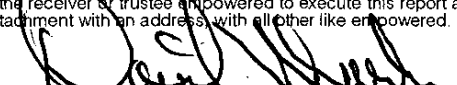
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GLENN, JUDIE PO BOX 1300 PALM HARBOR FL 34682	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARKS, DAN 11413 HENDERSON ROAD CLIFTON VA 20124	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MICHAELS, MARION PO BOX 584 OZONA FL 34660	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOYLE, MIKE 518 RYAN'S WOODS LANE PALM HARBOR FL 34683	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GLENN, JUDIE PO BOX 1300 PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DONLEVY, MIKE 516 RYANS WOODS LANE PALM HARBOR, FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of 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:  DATE: 3/9/05 PHONE: 727-466-0571