2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # N97000001165

FILED Mar 23, 2006 8:00 am Secretary of State 03-23-2006 90014 029 ****61.25

RYAN'S WOODS TOWNHOMES HOMEOWNERS ASSOCIATION, INC.					03-	23-2000 9001	11025	01.23		
Principal Plac	ce 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			1 18811181 81	19 (8))) 188)) 88))) 88) <u>)</u>	BECTE MUNICIPE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st Mo	OORE (CR2E037	(10/05)		
City & State		City & State		ŀ	4. FEI Number Applied For S9-3543234 Not Applied For					
Zip	Country	Zip	Country		5. Certificate of S	Status Desired		\$8.75 Ad Fee Require	ditional	
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New Re	gistered /	Agent		
·				•		•				
LEIGHTON, LENNARD A C/O SEABOARD ARBORS MGNT 2189 CLEVELAND ST STE 225			Street A	Street Address (P.O. Box Number is Not Acceptable)						
CLE	EARWATER FL 33765									
			City				FL	Zip Coc		
8. The above	e named entity submits this statement for tions of registered agent.	r the purpose of changing its re	egistered office o	r registered	d agent, or both, in	n the State of Flor	ida. Lam I	familiar with,	, and accept	
SIGNATURE	Signature, typed or printed frame of registered agent	and lifts if anoticable (NOTE: 6	Rogistered Agent signat	ure recounted wit	hen reinstation)		DATE			
E CONTROL S		PESA ASI			······································	Carlo Do Nilabera	on Carthagaile an	an Santan Alba	SHIELD THE ELECTRONISMS	
	FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Camp Trust Fund Co			5.00 May Be			. Payable		
				<u> </u>	dded to Fees	Florid	a Depari	tment of	State :	
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 trusted 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 op an attachment with an autress, with all other like empowered.

3/8/06

727-466-0571