

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90014 029 \*\*\*\*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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

City & State

4. FEI Number

**59-3543234**

Applied For

Not Applicable

Zip

Country

Zip

Country

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  
C/O 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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	GLENN, JUDIE	
STREET ADDRESS	PO BOX 1300	
CITY-ST-ZIP	PALM HARBOR FL 34683	

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARKS, DAN	
STREET ADDRESS	11413 HENDERSON ROAD	
CITY-ST-ZIP	CLIFTON VA 20124	

TITLE	SD	<input type="checkbox"/> Delete
NAME	MICHAELS, MARION	
STREET ADDRESS	PO BOX 584	
CITY-ST-ZIP	OZONA FL 34660	

TITLE	TD	<input type="checkbox"/> Delete
NAME	BOYLE, MIKE	
STREET ADDRESS	516 RYANS WOODS LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONLEAVY, MIKE	
STREET ADDRESS	516 RYANS WOODS LANE	
CITY-ST-ZIP	PALM HARBOR, FL 34683	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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]*

3/8/06

727-466-0571