2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001165

FILED Mar 23, 2009 Secretary of State

Entity Name: RYAN'S WOODS TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: SEABOARD ARBORS MANAGEMENT 2189 CLEVELAND ST STE 225 CLEARWATER, FL 33765 **New Mailing Address: Current Mailing Address:** SEABOARD ARBORS MANAGEMENT 2189 CLEVELAND ST STE 225 CLEARWATER, FL 33765 FEI Number: 59-3543234 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEIGHTON, LENNARD A C/O SEABOARD ARBORS MGNT 2189 CLEVELAND ST STE 225 CLEARWATER, FL 33765 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition GLENN, JUDIE GLENN, JUDIE Name: Name: PO BOX 1300 Address: 558 RYAN'S WOODS LANE Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: PALM HARBOR, FL 34683 Title: PD Title: TD (X) Change () Addition () Delete MARKS, DAN Name: MARKS, DAN Name: Address: 11413 HENDERSON ROAD Address: 570 RYAN'S WOODS LANE City-St-Zip: CLIFTON, VA 20124 City-St-Zip: PALM HARBOR, FL 34683 Title: () Delete Title: SD (X) Change () Addition MICHAELS, MARION HOWARD, SARAH Name: Name: Address: PO BOX 584 Address: 514 RYAN'S WOODS LANE City-St-Zip: OZONA, FL 34660 City-St-Zip: PALM HARBOR, FL 34683 (X) Change () Addition Title: TD () Delete Title: VPD Name: BOLSTER, KEITH Name: BOLSTER, KEITH 512 PRAMA WOODS LANE 512 RYAN'S WOODS LANE Address: Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: PALM HARBOR, FL 34683 Title: () Delete Title: () Change (X) Addition LANZA, LANA Name: Name: 512 RYAN'S WOODS LANE Address: Address: City-St-Zip: City-St-Zip: PALM HARBOR, FL 34683

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDIE GLENN PD 03/23/2009