


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0047606

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
Suite, Apt. #, etc.
City & State
Zip


3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

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

FILED
03 FEB 13 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3543234** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLENN, JUDIE PO BOX 1300 PALM HARBOR FL 34682 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300012392243 02/12/03--01073--004 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OLDEN, DENNIS 334 EAST LAKE RD #311 PALM HARBOR FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BAIRD, TOM 550 RYANS WOODS LANE PALM HARBOR FL 34683 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: LEIGHTON, LENNARD A **SIGNATURE NOT REQUIRED** 1-31-03 727-787-8228

CR2E037 (10/02)