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

| DOCU<br>1. Entity Nat   | JMENT   | # N97000   | 0001                 | 165   |  |  |   | ILED  |   |                              |
|---|---|--|----------------------|---|--|--|---|---|---|------------------------------|
| RYAN'S  |   | OWNHOMES HOW   | <b>MEOWNE</b>        | RS ASSOCIAT   | ION, I   |  |   |   | 1   | 1/                           |
| NC.   |   |  |                      |   |  |  | 03 FE   | B 13 AM 9: 19   | A   |                              |
| Principal Place of Business SEABOARD ARBORS MANAGEMENT 2189 CLEVELAND ST STE 225 CLEARWATER FL 33765  2. Principal Place of Business  |   |  | SEAB(<br>2189 (      | Mailing Address  SEABOARD ARBORS MANAGEMENT 2189 CLEVELAND ST STE 225 CLEARWATER FL 33765  3. Mailing Address |  |  | f   | TALEARASSIE. FUSRIBA                                  |   |                              |
|   |   |  | <b>3</b> . Ma        |   |  |  |   |   |   |                              |
| Suite, Apt. #, etc.   |   |  | Suite, Apt. #, etc.  |   |  |  | ☐ CHECK HERE IF MAKING CHANGES                    |   |   |                              |
| City & State  |   |  | City & State         |   |  | 7.   | 4. FEI Number 5                                   | 9-3543234   | <b>⊢</b>  | oplied For                   |
| Zip   |   | Country  | Zi                   | •<br>   | Соц  | untry  | 5. Certificate of S                               | tatus Desired   | \$8.75 Add  | ditional                     |
|   | 6. Name   | and Address of Curren  |                      | ed Agent  |  |  |   | dress of New Registered                               | Agent   |                              |
| 1 EIGHTO  | NI IEMNAD   |  |                      |   | -  | Name   |   |   | · <del></del>   |                              |
| LEIGHTON, LENNARD A<br>C/O SEABOARD ARBORS MGNT<br>2189 CLEVELAND ST STE 225  |   |  |                      |   |  | Street Addres  | ss (P.O. Box Number is                            | Not Acceptable)                                       |   |                              |
| CLEARWATER FL 33765   |   |  |                      |   |  | City   |   | FL  | Zip Cod   | e                            |
| 9 The show  | o nomed entite  | u submita this statement   | for the access       |   |  |  |   |   | - 1   |                              |
| the obliga  | ations of regist  | ered agent.  | ioi tiie puit        | oose or changing its  | register   | ed office of regit   | stereo agent, or both, in                         | the State of Florida. I am                            | ramiliar with,  | and accept                   |
|   |   |  |                      |   |  |  |   |   |   |                              |
| SIGNATURE   |   | or printed name of registered agei                                       | ent and title if app | Dlicable. (NOT  | E: Registere   | d Agent signature requ   | tuired when reinstating)                          | DATE  |   |                              |
|   | Signature, typed  | or printed name of registered agei                                       | ent and title if app | 9. Election Car<br>Trust Fund C   | mpaign F   | inancing   | \$5.00 May Be Added to Fees                       | Make Checl<br>Florida Depar                           |   |                              |
|   | Signature, typed  |  |                      | 9. Election Car<br>Trust Fund (   | mpaign F   | inancing   | \$5.00 May Be<br>Added to Fees                    | Make Checl  | tment of S  | State                        |
| 11 11 30 11 11 11   | FILE NOW  | : FEE IS \$61.25   |                      | 9. Election Car<br>Trust Fund (   | mpaign F<br>Contributi   | Financing lon.   | \$5.00 May Be<br>Added to Fees                    | Make Checl<br>Florida Depar                           | tment of S  | State                        |
| 10.   | FILE NOW PD GLENN, JU PO BOX 1:   | : FEE IS \$61.25  OFFICERS AND D  JDIE 300                               |                      | 9. Election Car<br>Trust Fund C   | mpaign F<br>Contributi<br>11.<br>TITLE<br>NAMI   | Financing lon.   E E E E E E E E E E E E E E E E E E   | \$5.00 May Be<br>Added to Fees<br>ADDITIONS/CHANG | Make Checl<br>Florida Depar                           | RECTORS IN  | State  10  Addition          |
| 10.<br>ITILE<br>IAME<br>STREET ADDRESS<br>SITY-ST-ZIP<br>ITLE   | PD GLENN, JU PO BOX 1: PALM HAR   | OFFICERS AND D  JDIE 300 1BOR FL 34682                                   |                      | 9. Election Car<br>Trust Fund C   | mpaign F Contributi  11.  TITLE NAMI STRE CITY   | Financing ion.   E E E E ET ADDRESS -ST-ZIP  | \$5.00 May Be<br>Added to Fees<br>ADDITIONS/CHANG | Make Checl<br>Florida Depar<br>ES TO OFFICERS AND DII | RECTORS IN  | State  10  Addition          |
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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 of 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:** 

1-31-03