2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005
Secretary of State

DOCUMENT# 535661

Entity Name: RYLAND COMMUNITIES, INC.

Current Principal Place of Business:

255 PINE AVENUE NORTH
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

24025 PARK SORRENTO
SUITE 400
CALABASAS, CA 91302 US

New Mailing Address:

FEI Number: 59-1741950 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
201 HAYS ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	SD	( ) Delete
Name:	GECKLE, TIMOTHY J	
Address:	24025 PARK SORRENTO SUITE 400	
City-St-Zip:	CALABASAS, CA 91302	
Title:	PD	( ) Delete
Name:	GARRITY, JOHN M	
Address:	2536 COUNTRYSIDE BLVD., SUITE 250	
City-St-Zip:	CLEARWATER, FL 33763	
Title:	VP	( ) Delete
Name:	WRIGHT, WILLIAM G	
Address:	255 PINE AVENUE NORTH	
City-St-Zip:	OLDSMAR, FL 34677	
Title:	AT	( ) Delete
Name:	BRITTON, HARRIET A	
Address:	24025 PARK SOPRRENTO, SUITE 400	
City-St-Zip:	CALABASAS, CA 91302	
Title:	AT	( ) Delete
Name:	MENTCH, RENE L	
Address:	24025 PARK SORRENTO SUITE 400	
City-St-Zip:	CALABASAS, CA 91302	
Title:	T	( ) Delete
Name:	LOWE, CATHEY S	
Address:	24025 PARK SORRENTO SUITE 400	
City-St-Zip:	CALABASAS, CA 91302	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PD	(X) Change ( ) Addition
Name:	NICHOLSON, LARRY T	
Address:	3030 N. ROCKY POINT DRIVE WEST, #350	
City-St-Zip:	TAMPA, FL 33607	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRIET A. BRITTON AT 05/03/2005

Electronic Signature of Signing Officer or Director Date