


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90174 001 ***150.00

| | | | | | |
|--|---|--|---|--|--|
| DOCUMENT # 535661 1. Entity Name RYLAND COMMUNITIES, INC. | | | |  | |
| Principal Place of Business 255 PINE AVENUE NORTH OLDSMAR, FL 34677 | | | Mailing Address 24025 PARK SORRENTO SUITE 400 CALABASAS, CA 91302 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-1741950 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CORPORATION SERVICE COMPANY 201 HAYS ST TALLAHASSEE, FL 32301 | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GECKLE, TIMOTHY J 24025 PARK SORRENTO SUITE 400 CALABASAS, CA 91302 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Geckle, Timothy J. 24025 Park Sorrento, Suite 400 Calabasas, CA 91302 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD NICHOLSON, LARRY T 3030 N. ROCKY POINT DRIVE WEST, #350 TAMPA, FL 33607 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | * Please See |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WRIGHT, WILLIAM G 255 PINE AVENUE NORTH OLDSMAR, FL 34677 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Attached for |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT BRITTON, HARRIET A 24025 PARK SORRENTO, SUITE 400 CALABASAS, CA 91302 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Additional |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT MENTCH, RENE L 24025 PARK SORRENTO SUITE 400 CALABASAS, CA 91302 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Officers * |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LOWE, CATHEY S 24025 PARK SORRENTO SUITE 400 CALABASAS, CA 91302 | <input type="checkbox"/> Delete | | TITLE 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 Chapter 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 607, 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: <u>René L. Mentch</u> <u>René L. Mentch</u> <u>4/28/06</u> <u>(818) 223-7538</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

ATTACHMENT

#535661

40078550

RYLAND COMMUNITIES, INC.

Corporate Identification No.: 535661

Federal Identification No.: 59-1741950

List of additional Officers:

| | | |
|----------------------|-------------------|--|
| Asst. Vice President | Kevin D. Huff | 255 Pine Avenue North, Oldsmar, FL 34677 |
| Asst. Vice President | Ronald W. Brown | 255 Pine Avenue North, Oldsmar, FL 34677 |
| Asst. Vice President | Joseph M. Fontana | 255 Pine Avenue North, Oldsmar, FL 34677 |
| Asst. Vice President | Angela Anetakis | 255 Pine Avenue North, Oldsmar, FL 34677 |
| Secretary | Sheri L. Markham | 24025 Park Sorrento, Ste. 400, Calabasas, CA 91302 |
| Asst. Secretary | Andrea L. Riordan | 24025 Park Sorrento, Ste. 400, Calabasas, CA 91302 |
| Asst. Treasurer | Kim Nelson | 24025 Park Sorrento, Ste. 400, Calabasas, CA 91302 |