
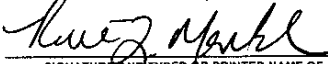


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90085 041 ***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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04232007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 59-1741950	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 201 HAYS ST TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GECKLE, TIMOTHY J	NAME	*Please see Attached		
STREET ADDRESS	24025 PARK SORRENTO SUITE 400	STREET ADDRESS	for Additional officers *		
CITY-ST-ZIP	CALABASAS, CA 91302	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NICHOLSON, LARRY T	NAME			
STREET ADDRESS	3030 N. ROCKY POINT DRIVE WEST, #350	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33607	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WRIGHT, WILLIAM G	NAME			
STREET ADDRESS	255 PINE AVENUE NORTH	STREET ADDRESS			
CITY-ST-ZIP	OLDSMAR, FL 34677	CITY-ST-ZIP			
TITLE	AT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MENTCH, RENE L	NAME			
STREET ADDRESS	24025 PARK SORRENTO SUITE 400	STREET ADDRESS			
CITY-ST-ZIP	CALABASAS, CA 91302	CITY-ST-ZIP			
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LOWE, CATHEY S	NAME	Milne, Gordon A.		
STREET ADDRESS	24025 PARK SORRENTO SUITE 400	STREET ADDRESS	24025 Park Sorrento, Suite 400		
CITY-ST-ZIP	CALABASAS, CA 91302	CITY-ST-ZIP	Calabasas, CA 91302		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: 		René L. Mentch		4/30/07 (818) 223-7538	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT
40105534

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