

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90235 033 ***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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-1741950 Applied For <input type="checkbox"/> Not Applicable	
Country		Country		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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
ALSO PLEASE SEE ATTACHMENT					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GECKLE, TIMOTHY J 24025 PARK SORRENTO SUITE 400 CALABASAS, CA 91302 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bass, Keith E. 3030 N. Rocky Point Drive West #350 Tampa, FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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	D Nicholson, Larry T. 24025 Park Sorrento, Suite 400 Calabasas, CA 91302 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WRIGHT, WILLIAM G 255 PINE AVENUE NORTH OLDSMAR, FL 34677 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ND Fontana, Joseph M. 255 Pine Avenue North Oldsmar, FL 34677 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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	S Markham, Sheri L. 24025 Park Sorrento, Suite 400 Calabasas, CA 91302 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILNE, GORDON A 24025 PARK SORRENTO, SUITE 400 CALABASAS, CA 91302 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Riordan, Andrea L. 24025 Park Sorrento, Suite 400 Calabasas, CA 91302 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Nelson, Kim 24025 Park Sorrento, Suite 400 Calabasas, CA 91302 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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:			Date 4-30-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

ATTACHMENT

RYLAND COMMUNITIES, INC.

40096342

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	Angela Anetakis	255 Pine Avenue North, Oldsmar, FL 34677