



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-04-2007 90085 034 \*\*\*150.00

<b>DOCUMENT # S18627</b> 1. Entity Name <b>RYLAND HOMES OF FLORIDA REALTY CORPORATION</b>					
Principal Place of Business <b>2536 COUNTRYSIDE BLVD. SUITE 250 CLEARWATER, FL 33763</b>			Mailing Address <b>24025 PARK SORRENTO SUITE 400 CALABASAS, CA 91302</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		04232007    Chg-P    CR2E034 (12/06)	
Zip		Country		4. FEI Number <b>58-1925406</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NICHOLSON, LARRY T 3030 N ROCKY POINT DRIVE WEST STE 350 TAMPA, FL 33607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	*Please see attached for additional officers* <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GECKLE, TIMOTHY J 24025 PRK SOMENTO STE 400 CALABASAS, CA 91302		TITLE NAME STREET ADDRESS CITY-ST-ZIP	GECKLE, TIMOTHY J 24025 PARK SORRENTO, SUITE 400 CALABASAS, CA 91302 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MENTCH, RENE L 24025 PARK SORRENTO SUITE 400 CALABASAS, CA 91302		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOWE, CATHEY S 24025 PARK SORRENTO SUITE 400 CALABASAS, CA 91302		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Milne, Gordon A. 24025 Park Sorrento, Suite 400 Calabasas, CA 91302 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARKHAM, SHERI L 24025 PRK SORRENTO STE 400 CALABASAS, CA 91302		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.					
<b>SIGNATURE: <u>Rene L. Mentch</u>    Rene L. mentch    4/30/07    (818) 223-7538</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

ATTACHMENT  
40105541

RYLAND HOMES OF FLORIDA REALTY CORPORATION

Corporate Identification No.: S18627  
Federal Identification No.: 58-1925406

List of additional Officers:

President	Keith Bass	3030 N. Rocky Point Dr. West, Suite 350, Tampa, FL 33607
Asst. Treasurer	Kim Nelson	24025 Park Sorrento, Suite 400, Calabasas, CA 91302
Asst. Secretary	Andrea L. Riordan	24025 Park Sorrento, Suite 400, Calabasas, CA 91302