


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

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| DOCUMENT # N21151 1. Entity Name TOWNSHIP ONE NORTH HOMEOWNERS ASSOCIATION, INC. |  |
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| Principal Place of Business 1611 CENTERVILLE ROAD TALLAHASSEE, FL 32308 | Mailing Address P.O. BOX 15931 TALLAHASSEE, FL 32317-5931 |
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01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-2890888 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BANYAS, MICHAEL 1550 TOWN BRIDGE ROAD TALLAHASSEE, FL 32308 |
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**DO NOT WRITE
IN THIS SPACE**

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 re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000598670
01/24/07-80085-002 61.25

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BANYAS, MICHAEL 1550 TOWN BRIDGE ROAD TALLAHASSEE, FL 32308 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD STEPHENS, PAM 1650 CROSSPOINTE WAY TALLAHASSEE, FL 32308 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD JARRETT, DONALD 1661 CROSSPOINTE WAY TALLAHASSEE, FL 32308 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ROUTSON, CLELL 1559 GARDEN PARK LANE TALLAHASSEE, FL 32308 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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 617, 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: Donald M Jarrett / Donald M Jarrett, Sec. 1/19/07 850-553-4808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #