



# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N21151</b> 1. Entity Name <b>TOWNSHIP ONE NORTH HOMEOWNERS ASSOCIATION, INC.</b>						<b>FILED</b> <b>07 JUL 30 PM 1:17</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1611 CENTERVILLE ROAD TALLAHASSEE, FL 32308</b>				Mailing Address <b>P.O. BOX 15931 TALLAHASSEE, FL 32317-5931</b>			
2. Principal Place of Business - No P.O. Box # <b>1550 TOWN BRIDGE RD.</b>		3. Mailing Address Suite, Apt. #, etc.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State <b>TALLAHASSEE FL</b>		City & State					
Zip <b>32308</b>		Country <b>USA</b>		Zip		Country	
4. FEI Number <b>59-2890888</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BANYAS, MICHAEL 1550 TOWN BRIDGE ROAD TALLAHASSEE, FL 32308</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u>Michael J. Banyas</u> <b>MICHAEL J. BANYAS, PRESIDENT</b> <b>7/25/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BANYAS, MICHAEL <input type="checkbox"/> Delete 1550 TOWN BRIDGE ROAD TALLAHASSEE, FL 32308			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600107263906</b> <b>08/03/07--01052--002 **61.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEPHENS, PAM <input type="checkbox"/> Delete 1650 CROSSPOINTE WAY TALLAHASSEE, FL 32308			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>50</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JARRETT, DONALD <input checked="" type="checkbox"/> Delete 1661 CROSSPOINTE WAY TALLAHASSEE, FL 32308			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROUTSON, CLELL <input type="checkbox"/> Delete 1559 GARDEN PARK LANE TALLAHASSEE, FL 32308			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>YD</b> <input checked="" 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	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JOHN ELLISON</b> <b>1555 GARDEN PARK LN</b> <b>TALLAHASSEE FL 32308</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>YD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>THOMAS COLLINS WEBB</b> <b>1628 GARDEN PARK LN</b> <b>TALLAHASSEE FL 32308</b>		
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: <u>Michael J. Banyas</u> <b>MICHAEL BANYAS</b> <b>7/25/07</b> <b>850-385-7245</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							