2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State
05-03-2007 90062 030 ****70.00

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1. Entity Name
TALLY HILLS ESTATES SUBDIVISION, INC.

Principal Place of Business
PO Box 27
Monticello, FL 32345

Mailing Address
PO Box 27
~~P.O. BOX 530~~, Monticello, FL
~~MONTICELLO, FL 32345~~ 32345

01162007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 20-5706049 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~ANDRIS, STEVE~~ Alexandra Weimorts
~~3079 N. JEFFERSON STREET~~ 21 Lake View Drive
MONTICELLO, FL 32344

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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: Alexandra Weimorts 4/24/07 ✓
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	~~ANDRIS, STEVE~~ Joe Markley
STREET ADDRESS	~~3049 N. JEFFERSON STREET~~ 1060 Tally Hills Dr.
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	DST
NAME	~~JOINER, DON~~ Alexandra Weimorts
STREET ADDRESS	~~3049 N. JEFFERSON STREET~~ 21 Lake View Dr.
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	D
NAME	~~WALKER, STEVE C III~~ Danny Reece
STREET ADDRESS	~~3079 N. JEFFERSON STREET~~ 535 Tally Hills Court
CITY-ST-ZIP	MONTICELLO, FL 32344 Monticello, FL 32344
TITLE	D
NAME	David Ricke
STREET ADDRESS	99 Lake View Drive
CITY-ST-ZIP	Monticello, FL 32344
TITLE	D VP
NAME	Robert Thompson
STREET ADDRESS	860 Tally Hills Drive
CITY-ST-ZIP	Monticello, FL 32344
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Alexandra Weimorts 4/24/07 (C)850 228-2256 ✓
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #