

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000267

FILED
Feb 01, 2009
Secretary of State

Entity Name: TALLY HILLS ESTATES SUBDIVISION, INC.

Current Principal Place of Business:

PO BOX 27
MONTICELLO, FL 32345

New Principal Place of Business:

21 LAKE VIEW COURT
MONTICELLO, FL 32345

Current Mailing Address:

PO BOX 27
MONTICELLO, FL 32345

New Mailing Address:

FEI Number: 20-5706049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEIMORTS, ALEXANDRA
21 LAKE VIEW DRIVE
MONTICELLO, FL 32344 US

Name and Address of New Registered Agent:

WEIMORTS, ALEXANDRA
21 LAKE VIEW COURT
MONTICELLO, FL 32344 US

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.

SIGNATURE: ALEXANDRA WEIMORTS

02/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: WEIMORTS, ALEXANDRA
Address: 21 LAKE VIEW DR.
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: REECE, DANNY
Address: 535 TALLY HILLS COURT
City-St-Zip: MONTICELLO, FL 32344

Title: VP () Delete
Name: RICKE, DAVID
Address: 99 LAKE VIEW DRIVE
City-St-Zip: MONTICELLO, FL 32344

Title: DP () Delete
Name: THOMPSON, ROBERT
Address: 860 TALLY HILLS DRIVE
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: WALLACE, GRETCHEN
Address: 182 TALLY HILLS DR
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: WEIMORTS, ALEXANDRA
Address: 21 LAKE VIEW COURT
City-St-Zip: MONTICELLO, FL 32344

Title: VP (X) Change () Addition
Name: REECE, DANNY
Address: 535 TALLY HILLS COURT
City-St-Zip: MONTICELLO, FL 32344

Title: DP (X) Change () Addition
Name: RICKE, DAVID
Address: 99 LAKE VIEW COURT
City-St-Zip: MONTICELLO, FL 32344

Title: D (X) Change () Addition
Name: MARSCHKA, JAMES
Address: 375 TALLY HILLS DRIVE
City-St-Zip: MONTICELLO, FL 32344

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXANDRA WEIMORTS

DST

02/01/2009

Electronic Signature of Signing Officer or Director

Date